

**PHYSICAL EXAMINATION FORM FOR DRIVER**

Driver's Name (Print) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

- I. The examining physician must answer the following questions.
  - A. What serious illness has the applicant had in the past five years?
  - B. What injuries has the applicant had?
  - C. Does the applicant take any drugs regularly? If so, name and give reason.
  - D. Is the applicant required to wear corrected lenses? If so, when were they last checked?
  - E. Does the applicant wear a hearing aid?
  - F. Is the applicant excessively overweight?
  
- II. This examination was established by the State Board of Education. If the answers to any of the following items are "yes" the applicant does not meet the general qualifications of a school bus driver as specified in Section 1012.45, Florida Statutes.

A. Record vision without corrective lenses in every case and with corrective lenses when required. Visual acuity must not be less than 20/20 in one eye and 20/40 in the other or 20/40 in each eye separately either with or without corrective lenses. Vision test based on Snellen's Test Chart at twenty feet.

Vision w/out corrective lenses:

Left eye 20/ \_\_\_\_\_

Right eye 20/ \_\_\_\_\_

Vision with corrective lenses:

Left eye 20/ \_\_\_\_\_

Right eye 20/ \_\_\_\_\_

- B. Applicant is deficient in the ability to recognize the colors of traffic signals and devices showing standard red, green and amber? Yes  No
  
- C. Applicant has inadequate field of vision (less than 70 degrees in the horizontal meridian in each eye)? Yes  No
  
- D. Applicant has impaired hearing (standard: 1. must first perceive forced whispered voice > 5 ft., with or w/out hearing aid, or 2. Average hearing loss in better ear < 40 dB.? Yes  No
  
- E. Applicant has less than normal functioning of hand or foot, or loss of sight in one eye? Yes  No
  
- F. Applicant has severe heart disease? Yes  No
  
- G. Applicant has a mental or emotional abnormality which would interfere with proper judgment in the operation of a school bus? Yes  No
  
- H. Applicant has a history of seizures, convulsions, epilepsy, or blackouts? Yes  No
  
- I. Applicant has unacceptable blood pressure (systolic above 180 and/or diastolic above 100)? Yes  No
  
- J. Applicant has a communicable disease which is highly contagious in its present state or endangers the health of school children? Yes  No
  
- K. Applicant has diabetes and is necessary for insulin to control the diabetic condition? Yes  No
  
- L. Applicant has some other unacceptable physical conditions or factors that would interfere with applicant's performance or duty as a school bus driver? Yes  No
  
- M. Applicant has some other unacceptable physical conditions or factors that would interfere with applicant's performance or duty as a school bus driver? Yes  No

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Name (Print)

Driver's License No.

**PHYSICIAN'S CERTIFICATION**

This is to certify that on \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
was examined by me and his/her physical condition was found to be as indicated in Part II of this  
Physical Examination Form.

IN YOUR BEST JUDGEMENT, CAN YOU CERTIFY THAT THIS APPLICANT IS PHYSICALLY AND EMOTIONALLY  
QUALIFIED TO OPERATE SAFELY A VEHICLE WITHOUT HAZARD TO HIMSELF OR OTHERS? Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information provided regarding this physical examination is true and complete. This certificate is  
valid for a period of 12 months from the date of examination.

Medical Examiner's Name (Print)

Telephone #

Date

Medical Examiner's License Or Certificate No./Issuing State

MD <input type="checkbox"/>	DO <input type="checkbox"/>
Chiropractor <input type="checkbox"/>	
Advance Practice Nurse <input type="checkbox"/>	

Signature of Medical Examiner

Signature of Driver

Date