



**STATE OF MINNESOTA**  
**DEPARTMENT OF PUBLIC SAFETY**

## **HOW DO I OBTAIN A LIMB IMPAIRMENT WAIVER TO DRIVE A SCHOOL BUS OR TYPE III SCHOOL BUS IN MINNESOTA?**

### **Step 1:**

If you have not already done so, have a required medical examination by a licensed physician at some point within the two years preceding the date of application. This is to assure that you have no other disqualifying medical conditions. The complete medical examination must include a review of all items listed in [Code of Federal Regulations, title 49, section 391.41](#). Include a copy of the **MEDICAL EXAMINATION REPORT - for Commercial Driver Fitness Determination** with your waiver application.

### **Step 2:**

Complete the **School Bus and Type III School Bus Driver Medical Waiver Application** form.

### **Step 3:**

Submit **one** of the following:

- 1) A legible copy of both sides of your current commercial driver's license.
- 2) A legible copy of both sides of the license you last possessed to operate a commercial motor vehicle.
- 3) A certification from the State licensing agency showing the type and effective date of the most recent license you have held.

### **Step 4:**

Complete the attached **Limb Impairment Waiver Application**.

### **Step 5:**

Submit the **Physician's Examination of Limb Impairment** completed by a board-qualified or board-certified doctor of physical medicine or orthopedic surgeon.

**After these steps have been completed, forward all application information for the limb impairment waiver to the address above. The information will be reviewed and you will be notified of the department's decision by mail. If a waiver is issued, you must comply with its terms and conditions.**

**NOTE: If you have been granted a waiver by the regional director of Motor Carriers from Code of Federal Regulations, title 49, section 391.41, (b) (1) or (2) (loss of a limb or limb impairment), an original or photo copy of the waiver issued by the United States Department of Transportation may be submitted in lieu of the state limb impairment waiver.**

***Incomplete applications will be returned and may result in a waiver not being issued.***



### School Bus and Type III School Bus Driver Medical Waiver Application

Print this completed form. This form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5180. It may also be faxed to (651) 297-4447.

- This application is to be used for waiver requests of the requirements in [Minnesota Rules 7414.1200](#) and [Code of Federal Regulations, title 49, section 391.41..](#)
- Additional application information and forms must be completed if the condition involves a limb impairment, insulin-dependent diabetes, or vision. No waiver is granted for the hearing requirement.
- **Incomplete applications will be returned and may result in a waiver not being issued.**
- Attach additional information as needed.

I am applying for a waiver of the medical condition described in this application, as provided for in [Minnesota Rule 7414.1410](#). Except for the condition described herein, I am otherwise medically qualified to operate a school bus or Type III school bus within the state.

**A Driver Applicant Information**

Full Name \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Street Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

-  -  -  -

Driver's License Number \_\_\_\_\_ License Expiration Date (mm/dd/yy) \_\_\_\_\_

Daytime Phone (INCLUDE AREA CODE) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**B Medical Condition Information**

1. Specify the physical qualifications for which a waiver is requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your disability or impairment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the school bus or Type III school bus you intend to drive, including passenger capacity and gross vehicle weight, if known.

---

---

---

4. Estimate the period of time, per day, that you will be driving and on duty.

---

---

5. Provide your driving record for the last three years, including driving records from other states, if applicable.

6. Provide the medical examination performed according to Minnesota Rules part 7414.1200 and Code of Federal Regulations, title 49, section 391.41 -- and a copy of the certificate from the examining physician attesting that you are otherwise qualified, except for the disability or impairment for which a waiver is requested.

7. Provide a copy of your road test as prescribed by Driver and Vehicle Services.

8. Describe the alternative measures; modification of policies, practices, or procedures; or the provision of auxiliary aids or services that will be taken to ensure there is no significant risk to the health and safety of the public and pupils, should the waiver be granted.

---

---

---

---

---

---

---

---

---

---

**X** \_\_\_\_\_  
**Waiver Applicant's Signature**

\_\_\_\_\_  
Date (mm/dd/yy)

Attach additional information as needed



## Limb Impairment Waiver Application

Print this completed form. This form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5180. It may also be faxed to (651) 297-4447. If you have questions or need additional information, please contact DVS at (651) 297-5029 or (651) 282-6555 (TTY).

- This application is to be used for a waiver request of the requirements in [Minnesota Rules 7414.1200](#) and [Code of Federal Regulations, title 49, section 391.41](#).
- Except for the limb impairment described herein, I certify that I am otherwise medically qualified to operate a school bus or Type III school bus within the state.
- Incomplete applications will be returned and may result in a waiver not being issued.** Attach pages as needed.

### A Driver Applicant Information

Full Name \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Street Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

-    -     -

Driver's License Number \_\_\_\_\_ License Expiration Date (mm/dd/yy) \_\_\_\_\_

Daytime Phone (INCLUDE AREA CODE) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### B Limb Impairment Information

What is the specific condition for which you request a waiver? (CHECK ALL THAT APPLY)

Impairment     Full    Arm:  L    R    Leg:  L    R  
 Amputation     Partial    Hand (incl. fingers):  L    R    Foot:  L    R

Do you use a prosthetic or orthotic device? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

### C Vehicle Description

\_\_\_\_\_ Transmission:  Automatic    \_\_\_\_\_ Number of Forward Speeds    \_\_\_\_\_ Type of Brakes    Steering:  Power  
 Vehicle Type to be driven     Manual

Does the vehicle have special modifications? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

(over)

***Application must be accompanied by the following documents before it can be processed:***

- 1) A copy of your **MEDICAL EXAMINATION REPORT - for Commercial Driver Fitness Determination form** (certificate should state that it is only valid with a waiver).
- 2) A copy of your most recent ROAD TEST and CERTIFICATE (if you hold a CDL, you may enclose a legible photocopy of that instead).
- 3) A copy of your driving record from all states in which you have been licensed or permitted to operate a motor vehicle within the past three years.
- 4) The attached LIMB IMPAIRMENT MEDICAL EVALUATION.

*The information I have provided in this application is true and correct to the best of my knowledge.*

**X**

\_\_\_\_\_  
**Signature of Waiver Applicant**

\_\_\_\_\_  
Date (mm/dd/yy)



### Physician's Examination of Limb Impairment

This completed form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5180. It may also be faxed to (651) 297-4447. If you have questions or need additional information, please contact DVS at (651) 297-5029 or (651) 282-6555 (TTY).

\_\_\_\_\_  
Patient Name (PRINT)

-  -  -  -

\_\_\_\_\_  
Driver's License Number

Dear Licensed Physician:

The patient below, who is applying for a driver's license endorsement to drive a school bus or Type III school bus in Minnesota, is being referred to you for a medical evaluation of a limb impairment as required by [Minnesota Rules part 7414.1430](#). The waiver is of the physical requirements specified in [49 CFR 391.41, \(b\) \(1\) or \(b\) \(2\)](#). You are being requested to:

- 1) Assess the patient's physical capabilities as they relate to the patient's ability to perform the normal tasks associated with the operation of the school bus in question.
- 2) State whether the patient is capable of safely performing the normal school bus or Type III school bus driver operations required.
- 3) Provide an assessment and medical opinion of whether the impairment or disability is likely to remain medically stable over the patient's lifetime.

Copies of the applicant's **School Bus and Type III School Bus Driver Medical Waiver Application and Limb Impairment Waiver Application** are attached. These describe the type of school bus the patient intends to drive and the period of time operation will occur.

\_\_\_\_\_  
Physician Name (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Examination Date (mm/dd/yy)

Board Certified:  Yes  No      Board Eligible:  Yes  No

\_\_\_\_\_  
Office or Clinic Name

\_\_\_\_\_  
Daytime Phone (INCLUDE AREA CODE)

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City / State / Zip Code

**Based on the above information and your examination of this applicant, please determine whether patient has:**

1) Adequate MUSCLE STRENGTH to perform the tasks required?  Yes  No

*If no, please indicate the impaired extremity.*

Upper: Left \_\_\_\_\_ Right \_\_\_\_\_

Lower: Left \_\_\_\_\_ Right \_\_\_\_\_

2) Adequate MOBILITY of the extremities and trunk to perform the tasks required?  Yes  No

*If no, please indicate the impaired extremity.*

Upper: Left \_\_\_\_\_ Right \_\_\_\_\_

Lower: Left \_\_\_\_\_ Right \_\_\_\_\_

Trunk \_\_\_\_\_

3) Adequate JOINT and TRUNK STABILITY to perform the tasks required?  Yes  No

If no, please indicate the impaired extremity.

Upper: Left \_\_\_\_\_ Right \_\_\_\_\_

Lower: Left \_\_\_\_\_ Right \_\_\_\_\_

Trunk \_\_\_\_\_

4) If a partial hand amputee, has POWER GRIP and PREHENSION FUNCTION of the rest of the hand and fingers?  Yes  No

5) If this patient is an amputee, does the patient have:

a. the appropriate type of TERMINAL DEVICE?  Yes  No

b. the appropriate type of PROSTHESIS?  Yes  No

c. If yes, does the prosthesis fit satisfactorily and is it in good operating condition?  Yes  No

If your answer to any of the above is "no," what is your recommendation?

---

---

6) Will any medical conditions other than the indicated physical disability interfere with the patient's ability to perform normal school bus or Type III school bus operations?

Yes  No  If yes, list: \_\_\_\_\_

7) The length of time that this limb impairment waiver is valid is (*check one*):

Two years from date of last physical

Other (as determined by physical). Please list waiver ending date: \_\_\_\_\_

**X**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (mm/dd/yy)