Do NOT write in this space.

DEPARTMENT OF EDUCATION

PHYSICAL EXAM FORM FOR SCHOOL BUS DRIVER LICENSE ENDORSEMENT

Refer to the **INSTRUCTION SHEET** to fill out this form and provide it to your physician at the time of your physical. Available at http://maine.gov/education/const/pt007.htm

APPLICANTS APPLYING FOR SCHOOL BUS DRIVER LICENSE ENDORSEMENT FOR THE FIRST TIME- Your physical must be conducted and the form must be completed, signed and dated by examining physician no more than three (3) months prior to submission of the form to the Bureau of Motor Vehicle.

SECTION 1 – Applicant Information and Authorization – To be filled out by the applicant. *PRINT CLEARLY*

Applicant's Full Name	Date of Birth	Sex ☐ M ☐ F	Maine 7-Digit Driver License #

Street/P.O. Box	City	State	Zip Code

Phone:
Work______________________ Home ______________________

Email:

School unit /contractor where you will be working as a bus driver (if known)

APPLICANT - Check appropriate type of physical exam below and follow the instructions provided.

☐ **Physical for first-time applicants for school bus driver license endorsement.** *Submit this completed form with your other paperwork and fees to the Bureau of Motor Vehicle, 29 State House Station, Augusta, ME 04333-0029*

☐ **Annual Physical.** *Submit this completed form to your employer for review and retention in your employment file. DO NOT send it to the Bureau of Motor Vehicle or the Department of Education*

Authorization

I hereby authorize the release of my medical history to the Bureau of Motor Vehicle, the Department of Education, and my employer for the purpose of verifying my medical eligibility for a school bus driver license endorsement

Applicant's Signature:____ **Date**____________________

APPLICANT MUST SIGN AND DATE

SECTION 2 – Medical History - *Does applicant have or has he/she ever had any of the following:*

	YES	NO		YES	NO		YES	NO		YES	NO
Seizures/epilepsy?	☐	☐	*Heart trouble?*	☐	☐	*Fainting spells?*	☐	☐	*Tuberculosis?*	☐	☐

If **YES** to any of the four above, list onset date, diagnosis, treatment, and any current limitation(s). List all medications (including OTC's) used regularly along with any side effects experienced. Also, indicate if the illness/condition is under good control. ***PLEASE USE LAYMAN'S TERMS AND PRINT CLEARLY.*** *Attach an additional sheet if necessary.*

Diabetes? YES ☐ NO ☐ *If **yes**, check all boxes that apply and follow instructions as shown:*

Type 2 ☐ **Controlled by**: *diet* ☐ *exercise* ☐ *oral meds* ☐ *-- No additional information needed for Type 2. Go to Section 3.*

Type 1 ☐ – **Insulin controlled?** Yes ☐ No ☐ – *If **Yes**, see **Federal Regulations** and **Criteria** and complete a **Certification** form. See **Instruction Sheet** the applicant should provide; or available online at: http://www.maine.gov/education/const/pt007.htm*

SECTION 3 – Vision – *May be performed by either a licensed physician or a licensed optometrist.*

VISUAL ACUITY	UNCORRECTED	CORRECTED	HORIZINTAL FIELD OF VISION	DEPTH PERCEPTION
Right Eye	20 /________	20 /________	Must be minimum 70° in horizontal meridian in each eye and total of at least 140° in both eyes.	Must be ≤ 40 seconds of arc
Left Eye	20 /________	20 /________		
Both Eyes	20 /________	20 /________		

Corrective Lenses - Applicant meets visual acuity requirement **only** when wearing corrective lenses? Yes ☐ No ☐

Color perception –Recognizes traffic signals showing red, green & amber? Yes ☐ No ☐

Vision muscular anomalies____

Revised 10/12/2007

Questions regarding this form or the physical exam requirements, call Karen Bossie, Department of Education, phone: 207/624-6848

SECTION 4 – Hearing – *use one of the two methods of testing below*

Method 1 - **Record distance from individual at which forced whispered voice can first be heard.**	Right Ear ______	Left Ear _______	Was a hearing aid used (Method 1)? Yes ☐ No ☐

Method 2 – **Using an audiometer, record hearing loss in decibels according to ANSI ZZ24.5-1951 (fill in below).**

Right	500 Hz ______	1000 Hz _______	2000 Hz _______	Average _______	Meets Standard? Yes ☐ No ☐
Left	500 Hz ______	1000 Hz _______	2000 Hz _______	Average _______	Meets Standard? Yes ☐ No ☐

Was a hearing aid required to meet the standard (Method 2)? Yes ☐ No ☐

SECTION 5 – Blood Pressure / Pulse Rate

BP	_______ / ________ *BP must be <16 0systolic over <90 diastolic*	**Arteries:**	Sclerosis_________ Pulsations __________
Pulse:	Beats/min.________	Regular ☐ Irregular ☐	Enlargement indicated? Yes ☐ No ☐ Heart sounds at apex murmur:_________

SECTION 6 – General

Height: _ _______ ft __________in	**Weight:** __________ lbs	**Lungs:**	Rales:	Breath sounds:

Chest X-Rays: (See NOTE below)	
Deformities of extremities:	
Routine office urinalysis:	
Evidence of:	Infectious disease ☐ Drug addition ☐ Mental disability ☐ Emotional instability ☐
Physician comments regarding any abnormal ailment, disease, defect, or condition found during the physical examination.	Please print legibly and use layman's terms. Attach an additional sheet if necessary.

SECTION 7 - Certification

IMPORTANT NOTE TO PHYSICIAN: A school bus driver does more than simply drive the bus. There are other safety sensitive performance responsibilities such as student management and incident control; bus evacuation with ambulatory students; bus evacuation with injured students and/or students with special needs who require additional assistance and/or lifting; bus pre-trip and post-trip inspections; bus cleaning (including lights and windows); and so on. Please keep this in mind when making a determination as to the applicant's physical ability to meet those responsibilities.

After examination, I find the applicant, [name]____ **IS** ☐ **IS NOT** ☐ free from ailment, disease, or defect that might affect his/her ability to safely perform the duties of a school bus driver.

Physician's Signature	Date of Exam
Physician's Name (printed)	Phone
Physician's complete mailing address	

NOTE: Chest x-ray or intradermal tuberculin test is required only if possible lung disease is indicated. Tuberculin test may be substituted.