

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name, Address, Employer Number

Please print information clearly

Name, Birth Date, Age, Address

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant:

A. Health History (To be completed by medical examiner)

Grid of health history questions: Head or spinal injuries, Seizures, fits, convulsions or fainting, Extensive confinement by illness or injury, Back injury or strain, Hospitalized, Cancer, Cardiovascular disease, Tuberculosis, Syphilis, Gonorrhoea, Diabetes, Hepatitis, Chronic respiratory disease, Alcoholism, Gastrointestinal ulcer, Nervous stomach, Rheumatic fever, Asthma, Kidney disease, Muscular disease, Arthritis, Suffering from any other disease, Permanent defect from illness, disease, or injury, Psychiatric disorder, Any other nervous disorder, Congenital disease, Drug addiction, Injury where lost time from work

If the answer to any of the above is yes, explain: Does this problem still exist? Is this patient, or should this patient, be under treatment for this condition? In your opinion, would this condition interfere with the safe operation of a school bus?

In your opinion, would this condition interfere with the safe operation of a motor vehicle?

GENERAL APPEARANCE AND DEVELOPMENT, Height, Weight

HEAD-EYES: Without/With Corrective Lenses, For Distance (Right/Left 20/), Evidence of Disease or Injury, Horizontal Field of Vision, Color Vision

EARS: Hearing 20 ft., Audiometric Test (Decibel loss at 500 Hz, 1000 Hz, 2000 Hz), DISEASE OR INJURY

MOUTH, THROAT

THORAX: Heart, If organic disease is present, Blood Pressure (Systolic/Diastolic), Pulse (Before/Immediately after exercise), Lungs

ABDOMEN: Scars, Abnormal Masses, Tenderness, Hernia (Yes/No), If so, where?, Is truss worn?, GASTROINTESTINAL (Ulceration or other disease? Yes/No)

GENITO-URINARY

REFLEXES: Romberg, Pupillary, Light (R/L), Accommodation (R/L), Knee Jerks (Right/Left: Normal/Increased/Absent)

EXTREMITIES: Upper, Lower, Spine

LABORATORY & OTHER SPECIAL FINDINGS: Urine: Spec. Gr., Alb., Sugar, Blood Serology (when requested), Radiological Data (when requested), Electrocardiograph (when requested)

- Initiated testing for marijuana, cocaine, opiates, amphetamines and phencyclidine... Shows signs of tuberculosis (RE-APPLICANTS ONLY)... Initiated testing for tuberculosis (MANDATORY - NEW DRIVERS OR RE-APPLICANTS WHOSE PERMITS HAVE LAPSED MORE THAN 30 DAYS)... Has a contagious disease... Has a current clinical diagnosis of alcoholism.

GENERAL PHYSICAL EXAMINATION FINDINGS: Satisfactory, Rejection, Cause for Rejection. Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: The Medical Examiner shall provide one completed and signed Certificate to the applicant. A copy of the completed and signed Certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner. I certify that I have completed Part A of the school bus examination of \_\_\_\_\_ on \_\_\_\_\_ in accordance with the provisions of 92 Illinois Administrative Code 1035.20 and, based upon that examination, find he/she is:

- Qualified under the regulations
Qualified only when wearing corrective lenses
Qualified only when wearing a hearing aid
Not qualified under the regulations

Name of Medical Examiner

Professional License Number of Medical Examiner

NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY THE APPLICANT. TEST RESULTS MUST BE CERTIFIED IN PART B BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.

Final Medical Examiner's Certification:

Date of TB Results: \_\_\_\_\_

Date of Drug Test Results: \_\_\_\_\_

I certify that I have completed my examination including my readings of the drug and TB test results for \_\_\_\_\_ on \_\_\_\_\_ in accordance with the provisions of 92 Illinois Administrative Code 1035.20. Based upon the results of Drug and TB testing required by 92 IL Administrative Code 1035.20(j)(11) and (j)13 and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

- Qualified under the regulations
Not qualified due to positive drug test
Not qualified due to positive tuberculosis test

Name of Medical Examiner

Professional License Number of Medical Examiner

Telephone Number of Medical Examiner

Signature of Medical Examiner

Fax Number of Medical Examiner

Date of Certification (Date the medical examiner has received all test results)

A completed examination form for this person is on file in my office at \_\_\_\_\_.

E. Physical Qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

- 1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
12. has no current clinical diagnosis of alcoholism; and
13. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
a. is receiving prophylactic treatment, or
b. has inactive tuberculosis as diagnosed by X-ray.