

PHYSICAL EXAMINATION FORM FOR DRIVER APPLICANT

SAMPLE

- 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: | Vision with corrective lenses: |
| Left eye 20/_____ | Left eye 20/_____ |
| Right 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 $\geq$ 5 ft., with or w/out hearing aid, or 2. Average hearing loss in better ear $\leq$ 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 judgement 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: _____



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: _____

Signature of Medical Examiner

Telephone #

Date

Medical Examiner's Name (Print)

MD ☐

DO ☐

Physician Assistant ☐

Chiropractor ☐

Advance Practice Nurse ☐

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 License Or Certificate No./Issuing State

Signature of Driver

Date

Driver's Name (Print)

Driver's License No.