

Oklahoma State Department of Education (SDE) – 2500 North Lincoln Boulevard – Oklahoma City, Oklahoma 73105-4599  
Student Transportation Section (405) 306-5351

## Oklahoma School Bus Driver Health Certificate: Annual Physical Form

### Guidelines for Physicians

The Oklahoma State Board of Education requires each school bus driver to pass a physical examination. Oklahoma regulation OAC 210:30-5-8 requires (1) an annual physical using this form; or (2) a physical every two years using a Department of Transportation (DOT) form that complies with 49 CFR §§ 391.41-49.

We are asking you to review the following requirements prior to completing your examination of the applicant and to be aware of the emotional and physical requirements of driving a school bus. School bus drivers have 4 primary duties:

1. Operate the vehicle in a safe and efficient manner.
2. Conduct pre-trip and post-trip inspections of the vehicle and its equipment to determine if it is in good working condition.
3. Assist students in emergency situations (evacuations).
4. Maintain discipline on the bus and report misconduct to the proper school officials.

### Minimum requirements

1. Conditions that require approval from the Oklahoma Department of Public Safety:
  - a. Proven myocardial infarction and/or congestive heart failure, cardiac arrhythmia, or coronary insufficiency, or attacks of syncope. OAC 595:10-5-6
  - b. Epilepsy, multiple sclerosis, Parkinson's disease, cerebral palsy, and progressive neuromuscular disorders. OAC 595:10-5-9
  - c. Insulin-dependent diabetes and severe or uncontrolled hypoglycemia. OAC 595:10-5-5
  - d. Loss of limb or other musculoskeletal problems, such as polio or other muscular or skeletal disorder which may affect the person's ability to safely operate a motor vehicle. OAC 595:10-5-8
2. Vision
  - a. Vision must be 20/40 or better in each eye. Corrective lenses are acceptable.
  - b. 140-degree field of vision, bilaterally. OAC 210:30-5-8
3. Hearing
  - a. Must be able to hear well enough to respond to student emergencies and concerns. The standard for driver hearing under 49 CFR § 391.41 is the "forced whisper" test, meaning that the driver "perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid."
4. No established medical history or clinical diagnosis of any of the following that may interfere with a school bus driver's ability to perform their 4 primary duties:
  - a. Respiratory dysfunction.
  - b. Rheumatic, arthritic, orthopedic, muscular or neuromuscular disease.
  - c. Any other condition which in the opinion of the examining physician could interfere with the ability to control and safely drive a school bus.
5. No current diagnosis of alcoholism or drug abuse.
6. Any physical defect or limitation likely to interfere with the ability of the person to control and safely operate a school bus. Especially in the case of the hand note whether or not sufficient grip and mobility is present to enable the driver to secure a grip on the wheel.
7. No mental, nervous, organic or emotional problem, which could render the driver irrational in dealing with children or interfere with the ability to control and safely operate a school bus.
8. No type of tuberculosis in a communicable stage.

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County Name \_\_\_\_\_

Employing School District \_\_\_\_\_

School Bus Driver Name (**Print Name**) \_\_\_\_\_

Date of Birth \_\_\_\_\_

List any conditions, treatment, or medication plan which the applicant must follow to maintain the validity of my professional opinion:

Oklahoma Licensed Physician (**Print Name**) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Based on the history provided by the applicant and the medical examination on this date, the above applicant (**check the proper box**) physically and emotionally competent to drive a school bus and transport students.

**Is**

**Is not**

Signature of Physician \_\_\_\_\_ Date: \_\_\_\_\_

Medical Certificate Number \_\_\_\_\_

**This form will expire one year from the signed date above**

Applicant: Submit this page with Physician’s Signature to your school district.  
You may keep a copy of the health certification (pp.3-4) for your records.

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Drivers complete this section. Circle the appropriate response for each item.

- 1. Any Illness or injury or surgery in the last 5 years 1. Yes No
- 2. Head/Brain injuries, disorders or illnesses 2. Yes No
- 3. Seizures, epilepsy 3. Yes No  
Medication Type: \_\_\_\_\_
- 4. Eye disorders or impaired vision (except for corrective Lenses) 4. Yes No
- 5. Ear disorders, loss of hearing or balance 5. Yes No
- 6. Heart disease or heart attack; other cardiovascular condition 6. Yes No  
Medication Type: \_\_\_\_\_
- 7. Heart surgery (valve replacement/bypass, angioplasty, pacemaker) 7. Yes No
- 8. High blood pressure 8. Yes No  
Medication Type: \_\_\_\_\_
- 9. Muscular disease 9. Yes No
- 10. Shortness of breath 10. Yes No
- 11. Lung disease, emphysema, asthma, chronic bronchitis 11. Yes No
- 12. Kidney disease, dialysis 12. Yes No
- 13. Liver disease 13. Yes No
- 14. Digestive problems 14. Yes No
- 15. Diabetes or elevated blood sugar 15. Yes No  
Controlled by:  
Diet  
Pills  
Insulin (Type) \_\_\_\_\_
- 16. Nervous or psychiatric disorders, e.g., severe depression 16. Yes No  
Medication Type: \_\_\_\_\_
- 17. Loss of, or altered consciousness 17. Yes No
- 18. Fainting or dizziness 18. Yes No
- 19. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, and loud snoring 19. Yes No
- 20. Stroke or paralysis 20. Yes No
- 21. Missing or impaired hand, arm, foot, leg, finger, toe 21. Yes No
- 22. Spinal injury or disease 22. Yes No
- 23. Regular, frequent alcohol use 23. Yes No
- 24. Narcotic or habit-forming drug use 24. Yes No

For any yes answer, indicate onset date, diagnosis, treating physician’s name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical examiners must document discussion of health history with the driver. Include comments regarding any yes answers and potential hazards from medications.

1. General Appearance: Marked overweight, tremor, signs of alcoholism, problem drinking or drug abuse or any condition that may inhibit the applicant’s ability to transport children safely.

Comments: \_\_\_\_\_

2. Vision (Snellen test): Left eye 20/ \_\_\_\_\_ Right eye 20/ \_\_\_\_\_ Using both eyes 20/ \_\_\_\_\_

a. Are corrective lenses required to drive? Yes  / No

b. Does this applicant have sufficient color perception to recognize official traffic control devices?  
Yes  / No

c. Does the applicant have 140-degree field of vision bilaterally? Yes  / No

d. Are there any other eye conditions present that may decrease the applicant’s ability to drive a school bus safely? Yes  / No

3. Hearing test results: Acceptable  / Not Acceptable  Hearing Aid(s) Required

Comments: \_\_\_\_\_

4. Is this applicant Diabetic? Yes  / No  Controlled by diet and/or oral medication only? Yes  / No

Is this applicant dependent on insulin by injection? Yes  / No

Comments: \_\_\_\_\_

*See minimum requirements 1-c on page 1.*

5. Deformities or missing limb? Yes  / No

Specify: \_\_\_\_\_

*See minimum requirements 1-d on page 1.*

6. Paralysis or other limb impairments (past/present) Yes  / No

Specify: \_\_\_\_\_

*See minimum requirements 1-d on page 1.*

7. Seizures (past/present) Yes  / No

Specify: \_\_\_\_\_

If yes, the applicant must meet the terms listed under OAC 595:10-5-9.

*See minimum requirements, 1-d on page 1.*

8. Heart disorder/disease (past/present) Yes  / No

Specify: \_\_\_\_\_

*See minimum requirements, 1-a on page 1.*

9. Tuberculosis (past/present) or other disorders of the lungs or chest that may interfere with the applicant’s ability to drive students safely. Yes  / No

Specify: \_\_\_\_\_

10. Alcohol misuse that could interfere with the applicant's ability to transport children safely. Yes  / No

Specify: \_\_\_\_\_

11. Drug Addiction or misuse that could interfere with the applicant's ability to transport children safely? Yes  / No

Specify: \_\_\_\_\_

12. Normal Loco motor: Yes  / No

Specify: \_\_\_\_\_

13. Arthritis: Yes  / No

Specify: \_\_\_\_\_

14. Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ BP within normal limits? Yes  / No

Specify if BP is above 140/90 document rationale for approval of driver. \_\_\_\_\_

15. Are there any other conditions that may impair the applicant’s ability to transport children safely? This may include: 1. hernias; 2. limitation of motion, tenderness, or previous surgeries; 3. abnormal pulse; 4. Conditions of the abdomen or viscera. Yes  / No