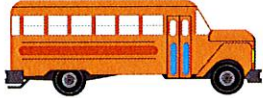


MERCER COUNTY SCHOOLS

Perry Harp
TRANSPORTATION DIRECTOR
600 Robinson ROAD
HARRODSBURG, KENTUCKY 40330

Telephone (859)733-7240
Fax (859) 733-7244



To: School Personnel for Driving School Vehicles (9passengers or Less)

Re: Renewal of Agreement & Criteria Needed

There are certain conditions that school employees must meet each year in order to transport school students in school vehicles. Each employee will need to complete the required training developed by the Mercer County Board of Education.

Those conditions are as follows:

- Physical yearly
- Medication Report Form
- Motor vehicle records check to be completed at the beginning of each school year. This form must be notarized. There is a Notary at Large located in each school building as well as the Bus Garage. Please contact the notary in your building, if possible.
- Contract renewal yearly
- A copy of your driver's license. This must be enlarged to 200%.
- A copy of a First Aid/CPR card or certificate. Class cannot be done online.

ALL FORMS MUST BE COMPLETED AT LEAST ONE MONTH PRIOR TO DRIVING. If items are not turned in by the beginning of each school year, your name will be taken off the pre-existing list and you will need to repeat the SUV training.

Please fill out the attached forms and return to the Transportation Department.

Thank you in advance for your complete cooperation.

Sincerely,

Perry Harp, Transportation Director

KENTUCKY DEPARTMENT OF EDUCATION
MEDICAL EXAMINATION OF SCHOOL EMPLOYEES*

Name _____ Date of Birth ____/____/____ Sex: M ☐ F ☐

Address _____ Telephone _____

Applicant With or Employed By _____ Board of Education

HISTORY

Medical (All serious medical and psychiatric diseases: diabetes, epilepsy, heart disease, etc.) _____

Surgical (All major operations) _____

"Per the Genetic Information Nondiscrimination Act of 2008, it is unlawful for an employer to request genetic information, genetic testing information, family medical history information, or family genetic testing information from an applicant or employee. The medical provider conducting this examination of an applicant/employee of a local school district shall not request, require or purchase this information about the applicant or employee. Any applicant or employee undergoing a medical examination for employment with a local school district shall not provide this information to the medical provider or the school district."

PHYSICAL

- | | |
|------------------------------|-------------------------------------|
| 1. General Appearance _____ | 7. Blood Pressure _____ Pulse _____ |
| 2. Eyes _____ | 8. Lungs _____ |
| 3. Ears, Nose & Throat _____ | 9. Abdomen _____ |
| 4. Teeth & Gums _____ | 10. Nervous System _____ |
| 5. Thyroid _____ | 11. Extremities _____ |
| 6. Heart _____ | Other _____ |

Tuberculosis Risk Factor Assessment

Yes ☐ No ☐ High risk for Tuberculosis infection

Yes ☐ No ☐ Referred to local health department for further TB infection evaluation

Yes ☐ No ☐ Tuberculosis test performed (specify: _____TST/_____BAMT)

_____Date of chest X-Ray

☐ No further follow-up unless signs/symptoms of Tuberculosis infection develop

I have examined _____ and find him/her free of communicable disease and any physical or mental disabilities that might interfere with performing his/her duties, except as follows:

 Date of Examination

 Signature (Physician/PA/ARNP)

* School Bus Drivers are required to use form TC94-35E.

Medication Reporting Form

I, _____ am currently taking either prescription and/or
Bus Driver Name (Please Print)
over-the-counter medication.

I understand that if I am taking prescribed or over the counter medication that may impair my ability to safely drive a school bus or perform other driver responsibilities, it is my responsibility to inform my immediate supervisor/designee.

I also understand that by not reporting current use of prescribed or over-the-counter medications to my immediate supervisor/designee, I am subject to disciplinary action up to and including termination.

Signature of Bus Driver

Date

Signature of Immediate Supervisor/Designee

Date Received

Review/Revised:6/16/11

DRIVER APPROVAL AGREEMENT
VEHICLES OF 9 PASSENGERS OR LESS

STATE OF KENTUCKY

COUNTY OF MERCER

This contract entered into this _____ day of _____, 20_____, by and between the Mercer County Board of Education whose address is 530 Perryville Street, Harrodsburg, KY 40330 hereinafter referred to as the Board and _____ whose address is _____ hereinafter referred to as the Driver.

WITNESSETH:

The Board hereby approves the Driver to drive a Board Owned vehicle designed by the manufacturer to transport nine (9) or less passengers including the driver to provide transportation to and from school approved activities for the _____ school year.

A. BOARD OBLIGATIONS:

1. The Board hereby authorizes the Driver to drive a Board Owned vehicle when transporting students to and from school approved activities. No other vehicles will be used to transport students under the agreement.
2. The Board agrees to provide the Driver with any training the local Department of Pupil Transportation deems necessary in order to insure the safe transportation of students.

B. THE DRIVER AGREES:

1. To abide by the state laws, Kentucky Board of Education regulations, and local Board of Education regulations and policies that pertain to his or her responsibilities as a Driver of a vehicle under the terms of this contract.
2. To follow the instructions given to him or her by the proper school system authorities to the best of his or her ability.
3. To procure, at his or her own expense, the necessary Kentucky license or licenses required for operation of the Board Owned vehicle and to keep said license or licenses in force at all times.
4. To provide the Board with a certificate from a physician designated by the Board attesting to his or her physical fitness to drive a Board Owned Vehicle. This certificate is to be provided prior to driving a Board Owned vehicle in transporting students to approved school activities and at least annually thereafter.
5. To drive a Board Owned vehicle only upon proper authorization and to drive the vehicle in a manner that is consistent with safety, Road and weather conditions.
6. To drive a Board Owned vehicle when assigned in a safe manner at all times and in a manner that minimizes mechanical wear on parts of the Board Owned vehicle and to report mechanical difficulties promptly to the person designated to receive such reports.
7. To clean the inside of the Board Owned vehicle before and after driving the Board Owned vehicle and to keep all lights and signals clean at all times.

8. To become familiar with the operation of the Board Owned vehicle which they are assigned to drive and the route to and from the assigned destination prior to departing on any assigned trip on which students are being transported to an approved school activity.
9. That he or she will not drive a Board Owned vehicle and transport students to a school approved activity when his or her physical condition is such that it would impair the ability of the Driver to safely carry out his or her duties.
10. That he or she will not drive a Board Owned vehicle at any time while they are taking medication, either by prescription or without prescription, if that medication would affect, in any way, the Driver's ability to safely drive a Board Owned vehicle.
11. To display a sign in clear view in the rear of the vehicle stating: "This vehicle is being used to transport school children."

C. MUTUAL AGREEMENTS:

1. It is mutually agreed by and between the Board and the Driver that the Board Owned vehicle will be used only for the transporting of students to prior approved school activities.
2. It is mutually agreed by and between the Board and Driver that only those students authorized by the Principal of the school shall be transported in the Board Owned vehicle while said vehicle is being used in the fulfillment of the requirements of this contract.
3. It is mutually agreed by and between the Board and Driver that the Board Owned vehicle shall be operated in accordance with current federal and state laws; 702 KAR 5:130, and that all passengers including the driver will wear installed seatbelts at all times while being transported the provision of this contract.
4. It is mutually agreed by and between the Board and Driver that the failure of either party to carry out their obligations in good faith as set forth in this contract shall cause this contract to become cancelable for cause.
5. It is mutually agreed by and between the Board and Driver that if conditions arise as a result of the Driver's operation of the Board Owned vehicle which threaten the safety and morality of the students riding in the vehicle, the Board shall take action appropriate for the cancellation of this contract.
6. It is mutually agreed by and between the Board and Driver that the Driver will not receive any additional pay or compensation for any services performed under the provisions of this contract.

WITNESSETH THESE SIGNATURES:

_____, BOARD OF EDUCATION

_____, Chairman

_____, Superintendent

_____, Driver

This contract was approved at the Board Meeting held by the Mercer County Board of Education to become effective on the date shown in the first paragraph of this contract.

Reviewed/Revised 12/17/09



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-195
Rev. 05/2021
Page 1 of 1

DRIVER LICENSE HISTORY RECORD REQUEST

INSTRUCTIONS: Return completed form along with required payment (\$3.00) to the Kentucky Transportation Cabinet, Department of Vehicle Regulation, Division of Driver Licensing, 200 Mero Street, 2nd Floor, Frankfort Kentucky 40622.

This form and additional information can be found at drive.ky.gov.

SECTION 1: DRIVER INFORMATION

FIRST NAME	LAST NAME	DRIVER LICENSE #	SOCIAL SECURITY #
MAILING ADDRESS		CITY	STATE
			ZIP
EMAIL		PHONE	DATE OF BIRTH

SECTION 2: REQUESTOR INFORMATION

FULL NAME	EMAIL	PHONE
MAILING ADDRESS	CITY	STATE
		ZIP

Select the information requested.

- ☐ Three-year Driving History Record (also available for purchase and download online)
- ☐ Certified full Driving History Record/clearance letter to transfer KY license to another state (*Notarization required.*)
- ☐ Other (*Please specify.*): _____

Pursuant to 18 U.S.C Section 2722, the Driver's Privacy Protection Act of 1994 states, "It shall be unlawful for any person knowingly to obtain or disclose personal information from a motor vehicle record for any use not permitted under section 2721(b) of this title." I certify that this release of information is permissible for the purpose checked above and will be used only as indicated. I, the undersigned, take full responsibility for any violations of the Act.

PRINTED NAME OF AGENCY REPRESENTATIVE
(if applicable)

REQUESTOR SIGNATURE

DATE

SECTION 3: AUTHORIZATION (*required if certified full Driving History Record is checked above*)

I, the undersigned, authorize the Division of Driver Licensing to release my **full Driving History Record** to the requestor (individual or agency) specified in Section 2 above.

PRINTED NAME

SIGNATURE

DATE

County of _____

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary Public _____ My commission expires _____.