

Georgia Department of Education

Post-Offer and Annual Physical Examination
for School Bus Drivers and Employees
Transporting Students

To the examining physician:

The purpose of this examination is to detect the presence of defects of such character and extent as to affect the applicant's ability to safely operate a school bus. The person being examined is required to sign statement regarding the accuracy of his or her medical and occupational history and to authorize the release of the examination results to the designated local board of education. Please mail this form to the board of education specified by the applicant.

As a minimum, the applicant shall have no mental, nervous, organic, or functional disease or condition that would interfere with safe driving; his or her visual acuity in each eye shall be at least 20/40, or correctable to 20/40 with glasses, and visual form field shall not be less than 140 degrees in horizontal meridian, and ability to distinguish red, green, and yellow colors; his or her hearing shall be such that a forced whispered voice is first perceived, in the better ear, at not less than 5 feet with or without the use of a hearing aid (hearing acuity at least 25dB or less in the speech range [500, 1000 and 2000 Hz in the better ear with or without a hearing aid]); the minimum age to qualify as a school bus driver is 18 years. Each driver shall be required to have an annual physical examination prior to the beginning of the school year and as often thereafter as the local board of education may deem advisable.

Driver's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

To be completed by examining physician (Please comment in each space. Enter O for negative.)

Medical History (Present state of health)

Illnesses

- Asthma Stomach Ulcer Seizures
Diabetes Convulsions Fainting Allergies
Chronic Cough Cancer Emotional Illnesses
Shortness of Breath Kidney Diseases Muscular Diseases
Cardiovascular Diseases Rheumatic Fever Injuries

Head Neck Back Arms Legs Other \_\_\_\_\_

Operations \_\_\_\_\_

Occupational History (Exposure -- duration and time)

Dusts \_\_\_\_\_ Fumes \_\_\_\_\_ Radiation \_\_\_\_\_ Other \_\_\_\_\_

The above information to the best of my knowledge is accurately recorded with no pertinent medical data omitted, and I hereby authorize the release of the information listed above and the results of the examination to the officials of the Board of Education.

Signature of Applicant

Date

(Physical Examination continued)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Temperature \_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Has no current clinical diagnosis of high blood pressure likely to interfere with his or her ability to drive a school bus safely (if blood pressure is consistently over 160/90 mm Hg., further test may be necessary).

**Hearing:** Distance Test: Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ OR Audiometric: Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_  
(Pure tone averages for 500, 1000 & 2000 Hz)

**Vision:** (State methods used)

Distant Near  
Right \_\_\_\_\_ Corrected Right \_\_\_\_\_ Right \_\_\_\_\_ Corrected Right \_\_\_\_\_  
Left \_\_\_\_\_ Corrected Left \_\_\_\_\_ Left \_\_\_\_\_ Corrected Left \_\_\_\_\_  
Color \_\_\_\_\_

Skin \_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_

Nose \_\_\_\_\_ Mouth \_\_\_\_\_ Teeth \_\_\_\_\_

Throat \_\_\_\_\_ Thyroid \_\_\_\_\_

**Thorax:** Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Chest X-Ray Results \_\_\_\_\_  
(When deemed advisable by physician)

(Reexamine heart after exercise in those over 35) \_\_\_\_\_

Vascular System \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

**Musculo-Skeletal** Arms \_\_\_\_\_ Legs \_\_\_\_\_ Digits \_\_\_\_\_

Back \_\_\_\_\_ Joints \_\_\_\_\_ Neurological \_\_\_\_\_

**Recto-genital studies:** Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

Rectal \_\_\_\_\_ Genitalia \_\_\_\_\_

**Laboratory Findings**

Urinalysis: Spec. Gr. \_\_\_\_\_ Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

**Physician's comments** \_\_\_\_\_

This is to certify that I have this day, Date of Exam, \_\_\_\_\_ examined \_\_\_\_\_ and find him/her

\_\_\_\_\_ **Qualified** as a School Bus Driver

\_\_\_\_\_ **Not Qualified** as a School Bus Driver

Examining Physician's MD/DO Signature

Georgia Medical License Number

Signature of PA or Cert. Nurse Practitioner

**If signed by PA or NP complete the following:**

Print Name of Supervising/Delegating Physician

Medical License Number for Supervising/Delegating Physician