COLORADO
Department of Education
School Finance and Operations Division

Voluntary
FORM # STU-17
EDAC REVIEWED
05/15/2025 for 2025-2026

Small Capacity Vehicle Operators Medical Information Form 2025-2026

Per 1 CCR 301-26, 5.02(c) and 5.03(f) The operator shall annually complete the CDE Small Capacity Vehicle Operators Medical Information Form (STU-17). Any yes annotations shall require a doctor's release.

Operator Name _____ Date _____

Do you currently, or have a history of any of the following conditions? **If yes is indicated on any of the listed questions below, a physician's release is required prior to transporting students in a school transportation small-capacity vehicle.**

Yes	No		Yes	No	
___	___	High Blood Pressure	___	___	Diabetes, Blood Sugar Problems
___	___	High Cholesterol	___	___	If yes, is it controlled with Oral Medication
___	___	Severe Depression, Anxiety,	___	___	If yes, is it controlled with Insulin
___	___	Nervous or Mental Health Disorders	___	___	Eye Disorders or Impaired Vision (except corrective lens)
___	___	Seizures or Epilepsy	___	___	Ear Disorders, Hearing Problems, Vertigo
___	___	Shortness of Breath, Chronic Cough	___	___	If yes, do you wear hearing aids?

Yes	No		Yes	No	
___	___	Heart Disease, Heart Attack	___	___	Lung Disease, Emphysema, Asthma
___	___	Heart Surgery	___	___	Chronic Bronchitis
___	___	Heart Stents, Bypass, Stents	___	___	Kidney Disease, Kidney Stones
___	___	Pacemaker, Other Implantable Devices	___	___	Back Pain, Chronic Back Problems
___	___	Severe Digestive, Liver or Stomach Problems	___	___	Missing or Limited arm, hand, finger, leg, foot or toe use

Yes	No		Yes	No	
___	___	Head or Brain Injuries or Disorders	___	___	Stroke or Paralysis
___	___	Fainting or Dizziness	___	___	Mini Strokes (TIA), Numbness, Memory Loss
___	___	Loss or Altered State of Consciousness	___	___	Blood Clots, Bleeding Disorders
___	___	Apnea (Breathing that has stopped)	___	___	Sleep Apnea, Daytime Sleepiness, Loud Snoring
		Other – Please Explain			

I certify that the above information was provided voluntarily and is accurate and complete. I understand that inaccurate, false, or missing information will exclude me from driving a school transportation small capacity vehicle while transporting students.

Operator Signature _____

Transportation Representative _____