COLORADO
Department of Education
School Finance and Operations Division

Mandatory
FORM # STU-17
EDAC REVIEWED
09/11/2026 for 2026-2028

CDE Vehicle Operator's Medical Information Form 2026-2027

Per 1 CCR 301-26, 6.1.3(A)(2) and 6.1.4(A)(2), the Type A-1 and Small-Capacity Vehicle operator shall annually complete the CDE Vehicle Operator's Medical Information Form (STU-17).

Operator Name _____ Date _____

Do you currently have, or have a history of, any of the following conditions? **If you answer yes to any of the questions below, a physician's release is required before transporting students in a school transportation vehicle.**

Yes	No	Medical Concern	Yes	No	Medical Concern
		Cardiovascular System or Bleeding Disorders			**Nervous System**
☐	☐	High Blood Pressure	☐	☐	Nervous System Disorders, or Numbness
☐	☐	High Cholesterol	☐	☐	Head or Brain Injuries or Disorders
☐	☐	Heart Disease, Heart Attack	☐	☐	Seizures or Epilepsy
☐	☐	Heart Surgery	☐	☐	Stroke, Mini Strokes (TIA), or Paralysis
☐	☐	Heart Stents, Bypass	☐	☐	Loss or Altered State of Consciousness
☐	☐	Pacemakers, Other Implantable Devices			**Mental Health**
☐	☐	Blood Clots, Bleeding Disorders	☐	☐	Severe Depression, Anxiety
		Respiratory System	☐	☐	Memory Loss
☐	☐	Lung Disease, Emphysema, Asthma	☐	☐	Daytime Sleepiness
☐	☐	Shortness of Breath, Chronic Cough			**Physical Concerns**
☐	☐	Chronic Bronchitis	☐	☐	Missing or Limited arm, hand, finger, leg, foot, or toe use
☐	☐	Sleep Apnea	☐	☐	Back Pain, Chronic Back Problems
		Endocrine System	☐	☐	Eye Disorders, Impaired Vision (except corrective lenses)
☐	☐	Diabetes, Blood Sugar Problems	☐	☐	Ear Disorders, Hearing Problems, Vertigo
☐	☐	If yes, is it controlled with oral medication	☐	☐	If yes, do you wear hearing aids?
☐	☐	If yes, is it controlled with Insulin	☐	☐	Kidney Disease, Kidney Stones
		Other Concerns			
		Please Explain:			

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that I may not transport students until this form and any required doctor's release have been completed and reviewed by the Educational Entity.

Operator Signature: _____ **Date:** _____

Transportation Representative: _____ **Date:** _____