FORM EB.001 **SCHOOL BUS DRIVER'S APPLICATION FOR PHYSICIAN'S CERTIFICATE**
Rev. 9-12 This form is required under the provision of Section 22.1-178 of the Code of Virginia and Regulations of the Virginia Board of Education

APPLICANT NAME _____ **SCHOOL DIVISION** _____

APPLICANT SOCIAL SECURITY NO. _____ BIRTH DATE _____

ADDRESS _____

Medical History (to be completed by the Applicant) Please check if you have any history of the following:

_____ Diabetes
_____ Seizure Disorder
_____ Head Injury causing symptoms
_____ Brain Tumor
_____ Muscle Disease
_____ Heart Disease
_____ High Blood Pressure
_____ Paralysis of any Type
_____ Loss of Vision
_____ Loss of Hearing
_____ Tuberculosis
_____ Back Injury
_____ Shoulder Injury

Have you every received treatment for or been recommended by a physician for treatment of alcoholism or drug abuse? _____ Yes _____ No
Do you currently feel that you use alcohol to excess? _____ Yes _____ No
Do you currently use psychoactive drugs such as marijuana, cocaine, or other similar drugs? _____ Yes _____ No
Are you currently taking any prescribed medications? _____ Yes _____ No
If yes, identify the medication(s): _____
Do you have hay fever or other minor illnesses which require you to take over the counter (nonprescription) medications at times? _____ Yes _____ No
If so, identify the medication(s):_____

I certify I have answered the above questions truthfully and to the best of my ability. I hereby authorize the physician to release the information contained on this certificate to the school division.
Date _____ Signature of Applicant _____

Comments on History of Applicant by Examining Physician/Nurse Practitioner:_____

PHYSICAL QUALIFICATIONS FOR SCHOOL BUS DRIVERS

1. No person shall drive a school bus unless that person is physically qualified to do so and has submitted a Certificate signed by the applicant and the doctor for the applicable employment period.
2. A person is physically qualified to drive a school bus if the individual:
   a. Has no loss of a foot, a leg, a hand, or an arm which interferes with the ability to control and safely drive a school bus without reasonable accommodations;
   b. Has no impairment of the use of a foot, a leg, a hand, finger, or an arm, and no other structural defect or limitation likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations;
   c. Has no known medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations;
   d. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
   e. Has no known medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely without reasonable accommodations;
   f. Has no known current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a school bus safely without reasonable accommodations;
   g. Has no known medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to control and operate a school bus safely without reasonable accommodations;
   h. Has no known medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a school bus without reasonable accommodations;
   i. Has no known mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to drive a school bus safely without reasonable accommodations;
   j. Has both distant and near visual acuity of at least 20/40 in each eye, and at least a field of 140 degrees of horizontal vision or a comparable measurement that demonstrates a visual field within this range, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
   k. First perceives a forced-whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951; and
   l. Does not use an amphetamine, narcotic, or any habit-forming drug without appropriate physician supervision.

FORM EB.001
Revised 9-12

PHYSICIAN'S CERTIFICATE **APPLICANT'S NAME** _____

1. Visual Acuity Without Corrective Lenses Distant R20/ _____ L20/ _____
   Near R20/ _____ L20/ _____

2. Visual Acuity with Corrective Lenses Distant R20/ _____ L20/ _____
   Near R20/ _____ L20/ _____

3. Color Vision _____ Visual fields to 140 degree Horizontal sweep _____

4. Hearing R_____ L _____

5. Audiometry (May be completed by other qualified persons if authorized by examining physician)

Decibel Loss with Hearing Aid at	R500 Hz _____	1000 Hz _____	2000 Hz _____
	L500 Hz _____	1000 Hz _____	2000 Hz _____
Decibel Loss without Hearing Aid at	R500 Hz _____	1000 Hz _____	2000 Hz _____
	L500 Hz _____	1000 Hz _____	2000 Hz _____

6. Audiometric Test Performed by _____

7. Height _____ Weight _____ B.P. _____ Pulse _____

8. Check if Normal:

Head _____	Lungs _____	Extremities _____
Eyes (including Fundi) _____	Heart _____	Neurologic _____
Ears _____	Abdomen _____	Urinalysis _____
Throat _____	Genitalia _____	

1. X-ray, EKG, and TB Skin Test Data (if indicated):
   _____

I am a duly licensed physician/nurse practitioner in Virginia, License No. _____. I certify that I have reviewed the Medical History as written hereon, examined the patient as noted above and with the knowledge of his duties and the "Physical Qualifications for School Bus Drivers", I find that he/she is mentally and physically fit to operate a school bus: without restriction _____, with corrective lenses _____, with a hearing aid _____.

As best I can determine, this individual does not have any conditions which might impair level of consciousness, perception, judgement, motor/mechanical functions, or otherwise impair the ability to safely operate a school bus.

As best I can determine by reviewing the history and exam as above, I have no reason to suspect that the applicant uses illegal drugs or excessive amounts of alcohol.

Signed _____ Address _____

Name Printed _____ _____

Date _____ Phone _____

Notes:
1. The examining physician/nurse practitioner should be aware of the physical demands and mental and emotional responsibilities placed on a school bus driver. In the interest of public safety, the examining physician is required to certify that the driver does not have any physical, mental or organic defect of such a nature as to affect the driver's ability to operate safely a school bus.

2. The following duties may be required of a school bus driver: the ability to open a school bus hood; stoop and inspect under a vehicle; operate emergency doors, roof hatches and windows; assist students from emergency exits or vehicle by lifting children out of wheelchairs, out of emergency doors, roof hatches and/or emergency windows; installing tire chains as applicable; operate push pull handle for bus entrance doors; operate wheelchair lifts including stooping and/or bending to secure wheelchairs for transportation; lift preschool children in and out of the vehicles, operate a standard transmission if necessary.

3. This report must be signed personally by the physician/nurse practitioner and returned to the school division requesting the certificate.