

**SCHOOL BUS DRIVER'S  
APPLICATION FOR PHYSICIAN'S CERTIFICATE**

This form is required under the provision of Section 22.1-178 of the  
Code of Virginia and Regulations of the Board of Education

**APPLICANT NAME** \_\_\_\_\_

**SCHOOL DIVISION** **Rockingham County**

**APPLICANT'S SOCIAL SECURITY NO.** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Medical History (to be completed by Applicant)**

**Please check if you have any history of the following:**

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

Have you ever 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, which medication is it? \_\_\_\_\_

Do you have any fever or other minor illness which require you to take over the counter (non-prescription) medications at times?

Yes \_\_\_ No \_\_\_

If so, please list 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 by Examining Physician: \_\_\_\_\_

**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 School Bus Driver's Application For Physician's 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 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 (Snellen) in each eye with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian in each eye, 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.

**PHYSICIAN'S CERTIFICATE**

**Applicant's Name** \_\_\_\_\_

Visual Acuity Without Corrective Lenses

Distant R20/ \_\_\_\_\_ L20/ \_\_\_\_\_  
Near R20/ \_\_\_\_\_ L20/ \_\_\_\_\_

Visual Acuity With Corrective Lenses

Distant R20/ \_\_\_\_\_ L20/ \_\_\_\_\_  
Near R20/ \_\_\_\_\_ L20/ \_\_\_\_\_

Color Vision \_\_\_\_\_ Visual Fields to 140 degree Horizontal sweep \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_

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 \_\_\_\_\_  
R500 Hz \_\_\_\_\_ 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_  
L500 Hz \_\_\_\_\_ 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_

Audiometric Test Performed By \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

*Check if Normal*

Head \_\_\_\_\_ Lungs \_\_\_\_\_ Extremities \_\_\_\_\_  
Eyes \_\_\_\_\_ Heart \_\_\_\_\_ Neurologic \_\_\_\_\_  
Including Fundi \_\_\_\_\_ Urinalysis \_\_\_\_\_

Ears \_\_\_\_\_ Abdomen \_\_\_\_\_  
Throat \_\_\_\_\_ Genitalia N/A

X-ray, EKG, and TB Skin Test Data (if indicated): \_\_\_\_\_

**I am a duly licensed physician 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 this duties and the "Physical Qualifications For School Bus Drivers," I find without restriction \_\_\_\_\_ with corrective lenses \_\_\_\_\_ with a hearing aid \_\_\_\_\_ .**

**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:
- The examining physician 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.**
  - THIS REPORT MUST BE SIGNED PERSONALLY BY PHYSICIAN AND RETURNED TO APPLICANT OR TO THE SCHOOL SYSTEM REQUESTING THE CERTIFICATE.**

