

# COMMONWEALTH OF PENNSYLVANIA

## SCHOOL BUS DRIVER'S

### PHYSICAL EXAMINATION



PA Department of Transportation • Bureau of Driver Licensing  
P.O. Box 68684 • Harrisburg, PA 17106-8684  
(717) 787-6453 (8:00 am - 4:15 pm)

|   |                                 |            |                  |              |
|---|---------------------------------|------------|------------------|--------------|
| DRIVER'S LICENSE NUMBER   | DATE OF BIRTH<br>MONTH DAY YEAR |            |                  | PHONE NUMBER |
| LAST NAME   | JR., ETC.                       | FIRST NAME |                  | M.I.         |
| STREET ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.) |                                 |            |                  |              |
| CITY  | STATE                           | ZIP CODE   | DRIVER E-MAIL    |              |
| EMPLOYER  |                                 |            | EMPLOYER PHONE # |              |

#### A PERSON IS PHYSICALLY QUALIFIED TO OPERATE A SCHOOL BUS IF:

- There is no loss or impairment of the use of a foot, a leg, a hand, or an arm. (waivers available see reverse side)
- There is no medical history or clinical diagnosis of:
  - Diabetes mellitus currently requiring use of insulin or any other hypoglycemic medication. (waivers available see reverse side)
  - Myocardial infarction, angina pectoris, coronary insufficiency, or pacemaker insertion. (waivers available see reverse side)
  - Other cardiovascular disease resulting in syncope, dyspnea, loss or impairment of consciousness, collapse, or congestive cardiac failure.
  - Hypertension resulting in syncope, dyspnea, loss or impairment of consciousness, collapse, or congestive cardiac failure.
  - Respiratory dysfunction likely to impair the ability to drive a school bus safely.
  - Rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to impair the ability to drive a school bus safely.
  - Seizure disorders or any other condition likely to cause loss or impairment of consciousness or any loss of ability to drive a school bus safely. (waivers available see reverse side)
- Has no mental, emotional or psychiatric disorder whether functional or organic which may be manifested in a condition likely to impair the ability to drive a school bus safely; such as inattentiveness, despondency, aggressiveness, or lack of concern for the safety of self or others.
- Has no hearing loss greater than 40 decibels in the better ear without a hearing aid, at frequencies of 500, 1000 and 2000. A person who is required to wear a hearing aid shall be tested by a clinically certified audiologist.
- Does not abuse alcohol or any other drug or substance known to impair skill or functions which may be manifested in any condition such as inattentiveness, despondency, aggressiveness, or lack of concern for the safety of self or others.
- Has distant visual acuity of at least 20/40 in the better eye without corrective lenses or visual acuity corrected to 20/40 or better. Has at least 20/50 in the poorer eye without corrective lenses or visual acuity corrected to 20/50 or better. Has a combined field of vision of at least 160° in the horizontal meridian, excepting the normal blind spots. Has the ability to determine the colors used in traffic signals and devices showing standard red, green or amber.
- Has no type of tuberculosis in a transmittable stage and has taken the pre-employment tuberculin test as required by Section 1418(b) of the Public School Code. Drivers who have a documented nonsignificant tuberculin skin test are not required to have further tests unless they are exposed to a case of active tuberculosis or are directed otherwise by the Secretary of the Department of Health.

THIS IS TO CERTIFY THAT SAME IS: ☒ QUALIFIED ☐ DISQUALIFIED

COMMENTS: \_\_\_\_\_

#### PROVIDER INFORMATION (Please print or type)

|   |                     |                 |                   |
|---|---------------------|-----------------|-------------------|
| PROVIDER'S NAME   | SPECIALTY           | STATE LICENSE # |                   |
| STREET ADDRESS<br>100 South High Street   | CITY<br>Newville    | STATE<br>PA     | ZIP CODE<br>17241 |
| TELEPHONE<br>717-776-3114   | FAX<br>717-776-5020 |                 |                   |
| <p>I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.</p> |                     |                 |                   |
| Provider's Signature  |                     | Date            |                   |