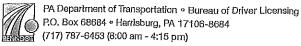
COMMONWEALTH OF PENNSYLVANIA SCHOOL BUS DRIVER'S



PHYSICAL EXAMINATION		(717) 787-6453 (8:00 am - 4:15 pm)		
DRIVER'S LICENSE NUMBER	DATE MONTH	OF BIRTH DAY YEAR	PHONE NUMBER	
LAST NAME	, JR., ET	C. FIRST	ГИАМЕ	M.I.
STREET ADDRESS (P.O. Box number may be used in ad	Idition to the actu	al address, but	t cannot be used as the only address.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
СітУ	STATE	ZIP CODE	DRIVER E-MAIL	Productivity Not December
EMPLOYER .			EMPLOYER PHONE #	
 B. There is no medical history or clinical Diabetes mellitus currently requiring Myocardial infarction, angina pector Other cardiovascular disease result cardiac failure. Hypertension resulting in syncope, Respiratory dysfunction likely to im Rheumatic, arthritic, orthopedic, mobus safely. Seizure disorders or any other contact a school bus safely. (waivers availated impair the ability to drive a school but the safety of self or others. Has no hearing loss greater than 40 deperson who is required to wear a hearing. Does not abuse alcohol or any other condition such as inattentiveness, despective. Has at least 20/50 in the poore combined field of vision of at least 1 determine the colors used in traffic sign. Has no type of tuberculosis in a traffic. 	use of a foot, diagnosis of: ag use of insuloris, coronary ting in syncory dyspnea, los apair the abilitauscular, neuro dition likely to ble see reversic disorder whus safely; such ag aid shall be drug or substandency, aggo/40 in the beer eye withou 60° in the hoals and devicasmittable sta	a leg, a han lin or any ot insufficience be, dyspnea s or impaira by to drive a cause loss se side) nether funct h as inatten better ear we tested by ance knowr gressivenes etter eye wil t corrective rizontal me bege and has	ther hypoglycemic medication. (waivers available see revercy, or pacemaker insertion. (waivers available see revercy, or pacemaker insertion. (waivers available see reverse, loss or impairment of consciousness, collapse, or content of consciousness, collapse, or content of consciousness, collapse, or congestive cardiact school bus safely. The or vascular disease likely to impair the ability to drive a serimpairment of consciousness or any loss of ability to tional or organic which may be manifested in a conditionativeness, despondency, aggressiveness, or lack of concentiveness, despondency, aggressiveness, or lack of concentrations which may be manifested a clinically certified audiologist. In to impair skill or functions which may be manifested as, or lack of concern for the safety of self or others. It is in the corrective lenses or visual acuity corrected to 20/50 or better. The organic process of the corrective lenses or visual acuity corrected to 20/50 or better. The organic process is taken the pre-employment tuberculin test as required.	se side agestive failure failu
Section 1418(b) of the Public School Co to have further tests unless they are exp Department of Health.	ode. Drivers woosed to a cas	ho have a d se of active r	documented nonsignificant tuberculin skin test are not rest tuberculosis or are directed otherwise by the Secretary	auire
THIS IS TO CERTIFY THAT SAME IS:	QUALIFIE	:D Ļ	DISQUALIFIED	
COMMENTS:				
OVIDER INFORMATION (Please print	or type)			
ROVIDER'S NAME	SPEC	IALTY ,	STATE LICENSE #	
DO South High Stree	E CITY	lewi	STATE ZIP CODE PA 1724	
17-776-3114		, FAX	7-776-5020	
			nowledge, information and belief. I understand that the	

a fine up to \$2,500 and/or imprisonment up to 1 year.

Provider's Signature

Date