

11.first perceive a forced whispered voice in the better ear less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, have an average hearing loss in the better ear of greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without the use of a hearing aid when the audiometric device is calibrated to American National Standard, formerly ASA Standard, Z24.5-1951?		
12.use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug? (A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed practitioner who is familiar with the medical history and assigned duties of the driver and has advised the driver that the prescribed substance or drug will not adversely affect his/her ability to control and safely operate a school bus.)		
13.have a current clinical diagnosis of alcoholism.		

III. Driver Testament:

I hereby attest by my signature below that the information submitted above is true and correct.

I authorize the physician to release the information provided on this form to the employing local board of education and/or to the Alabama State Department of Education.

Driver Signature: _____

Date: _____

IV. Physician Authorization:

I have examined the driver as named above and reviewed their medical history as written hereon,

and, as best as I can determine, the driver's present mental and physical condition **WILL NOT** adversely affect the driver's ability to control and safely operate a school bus. (Expiration Date = 2 yrs. from date of examination unless alternate date is noted in Waiver Section V)

Print Name:

Last

First

Exam Date:

Expiration Date:

Physician Signature:

Business Address:

Licensed in (State):

License #:

City

State

ZIP

Telephone Number:

Office Hours:

If examination is performed by a PA or NP, complete the following: (All information is required.)

Date:

Print Name of PA or NP

Signature of PA or NP

Print Name of Supervising/Delegating Physician

Signature of Supervising/Delegating Physician

Licensed in (State):

License #:

Business

Address:

Telephone Number:

Office Hours:

City

State

ZIP

V. Waiver Statement:

A waiver may be granted for any condition noted (marked "yes") in the Report only if the physician documents that

the condition will not adversely affect the driver's ability to control and safely operate a school bus. Note and briefly explain any condition for which the physician will approve a waiver.

Alternate Expiration Date, if necessary: _____

VI. DOT Medical Examiner's Certificate Exemption:

(Affix required signatures and submit to the employing BOE.)

This is to certify that the above-named driver has a current, valid DOT Medical Examiners Certificate. A copy of the certificate is attached.

Driver's Signature

Date

Transportation Supervisor's Signature

Date