

## School Bus Driver with Diabetes Mellitus Report Form

Applicant's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Please answer all question, adding as much detail as deemed necessary. When the form is completed, please sign and date page 2 and return to the school bus driver's employer.

### REPORT OF EXAMINATION AND MEDICAL HISTORY BY MEDICAL SPECIALIST

YES NO

- \_\_\_\_ \_\_\_\_ The medical specialist is familiar with the applicant's medical history through actual treatment over time or through consultation with a physician who has treated the applicant over time.
- \_\_\_\_ \_\_\_\_ The applicant has been using insulin or other medication, including oral agents to control his/her diabetes.
- \_\_\_\_ \_\_\_\_ Does applicant have severe hypoglycemia or episodes of altered consciousness requiring the assistance of another person to regain control.
- \_\_\_\_ \_\_\_\_ Does applicant have hypoglycemia unawareness or the inability to recognize the early symptoms of hypoglycemia such as sweating, anxiety, forceful heartbeat or lightheadedness.
- \_\_\_\_ \_\_\_\_ In the medical specialist's opinion, the applicant has not had a recent history of a hypoglycemic reaction that resulted in any change in mental status that would have been detrimental to safe driving.
- \_\_\_\_ \_\_\_\_ In the medical specialist's opinion, the applicant's diabetic condition will not adversely affect his/her ability to safely operate a school bus.
- \_\_\_\_ \_\_\_\_ The applicant has been educated, within the past 3 years, in diabetes and its management, and is thoroughly informed of and understands the procedures which must be followed to monitor and manage his/her diabetes and can identify signs and symptoms of hypoglycemia and hyperglycemia and understands what procedures should be followed if complications arise. Date training completed: \_\_\_\_\_  
(mm/dd/yyyy)
- \_\_\_\_ \_\_\_\_ Does applicant have unstable proliferative diabetic retinopathy.
- \_\_\_\_ \_\_\_\_ Does applicant have unstable advancing disease of blood vessels in the retina.
- \_\_\_\_ \_\_\_\_ Applicant has stable visual acuity (at least 20/40 Snellen in each eye separately, with or without corrective lenses) and a binocular acuity of at least 20/40 Snellen in both eyes either with or without corrective lenses.
- \_\_\_\_ \_\_\_\_ Annual eye examine included with form 581-2278d-E
- \_\_\_\_ \_\_\_\_ Current HbA1c included with form 581-2278d-E

# School Bus Driver with Diabetes Mellitus Report Form

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Driver's License #: \_\_\_\_\_

**To the examining physician:** If it is determined that the driver's diabetic condition is being managed appropriately and safely, the driver will be issued a school bus driver's certificate or permit. While completing this report, please keep in mind the physical, mental, and emotional requirements necessary for the safe operation of a school bus.

## REPORT OF EXAMINATION BY MEDICAL SPECIALIST

YES NO

1.   Is there evidence of a disease or injury that, in your opinion, will affect the applicant's ability to operate a motor vehicle upon the public highways? If yes, explain.

2. How often does this driver's medical condition require re-evaluation?

6 Months  1 Year

3. What additional driving restrictions do you recommend?

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## CERTIFICATION OF MEDICAL SPECIALIST

Please note: A Board Certified Endocrinologist, Board Certified Family Practitioner, or Board Certified Internist must complete this form.

I, (*print full name*) \_\_\_\_\_, being licensed to practice in the state of \_\_\_\_\_, certify that I have personally examined the above-named individual this date, and that existing condition of diabetes mellitus as defined by OAR 581-053-0002 is managed appropriately and safely, and is not likely to interfere with the duties of a school bus driver as described in Oregon Administrative Rules.

\_\_\_\_\_  
Signature of Medical Specialist

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Address