

A. To be Completed by Applicant (Print or Type)

Last Name _____ First Name _____ MI _____

Home Address _____ City/State/Zip _____

CDL Number _____ State _____ CDL Expiration Date _____ DOB _____

Most Recent Preservice Date: Month ____ Year ____ Preservice Certificate # _____

I hereby release the information on this form to the constituted authorities for evaluation purposes.

Driver/Applicant Signature: _____

B. To be Completed by Employer (Print or Type)

School District Name/Contractor Name

ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

District IRN _____ County _____ Contractor License Number _____
045997 BELMONT

Most Recent District Inservice Date: _____

This Individual Will Be Employed to Operate: School Bus School Van

Date _____ Signature of Bus Owner/Designee _____ Printed/Typed Name _____

Special Instructions for Blood Pressure Checks:

If the doctor has circled P-90 day on the physical form, the T8 expires in 90 days unless the driver obtains a blood pressure reading at 90 days. This reading must be recorded on the T8 form.

An additional blood pressure must be taken at 6 months, recorded on the T8 form and reported to ODE on the web-based reporting system.

THIS FORM MUST BE ATTACHED TO THE PHYSICIAN'S T8 FORM TO BE VALID

Physician's T8 Form

Form T-8
Revised 3/2012

Ohio Department of Education
School Transportation Driver Medical Form

Driver: FN _____ MI _____ LN _____
Date of Birth (M/D/Y) _____ / _____ / _____

1	Has no loss of a foot, a leg, a hand, or an arm.	P	F	
2	Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm and no other structural defect or limitation which is likely to interfere with a person's ability to control and safely operate a school bus.	P	F	<input type="checkbox"/> Missing limb waiver required
3	Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. ** Annual urinalysis screening for glucose is required. If glucosuria is detected, a physician's statement regarding the potential condition of diabetes mellitus and any required treatment is to be attached.	P	F	<input type="checkbox"/> Insulin waiver required <input type="checkbox"/> Glucosuria Stmt attached
4	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. <u>A person with a history of cardiovascular surgery or abnormality shall be given a more stringent examination</u> (example: stress testing, Holter monitoring, angiography or other examinations) to determine whether or not the surgery or abnormality is likely to impair a person's ability to control, inspect, and safely operate a school bus. If it is determined the surgery or abnormality is not likely to impair the ability, the examining physician will provide certification to that effect with the examination report. Individuals with an implanted defibrillator may not operate a school transportation vehicle.	P	F	<input type="checkbox"/> Cardiovascular stmt
5	Has no history of transient ischemic attack (TIA), carotid insufficiency, cerebral vascular accidents (stroke) or other vascular abnormalities which are unstable or uncontrolled and/or likely to interfere with a person's ability to control and safely operate a school bus.	P	F	
6	Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with a person's ability to control and safely operate a school bus.	P	F	
7	Please record BP in margin where indicated. Blood Pressure at or below 160/90 is passing. If initial BP is 161-180 systolic and/or 91-104 diastolic a non-renewable 90 day T-8 may be issued. Blood pressure must be checked again in 90 days and must be at or below 160/90. If not, driver is disqualified. Driver must be checked again within 6 months, and must be at or below 160/90. Blood Pressure exceeding 180 systolic or 104 diastolic is failing.	P		Initial reading B/P _____ / _____ P-90 day 90 day reading B/P _____ / _____ 6 month reading Date _____ B/P _____ / _____
8	Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular or neuromuscular disease which is likely to interfere with a person's ability to control and safely operate a school bus.	P	F	
9	Has no established medical history or clinical diagnosis of epilepsy or any other seizure disorder and has no other condition which is likely to cause loss of consciousness or any loss of a person's ability to control and safely operate a school bus.	P	F	
10	Has no mental, emotional, nervous, organic or functional disease or psychiatric disorder which is likely to interfere with a person's ability to control and safely operate a school bus.	P	F	
11	Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least seventy 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. Persons may use corrective lenses to attain these standards.	P	F	
12	Screening audiometer test does not indicate an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1000 Hz, and 2000 Hz with or without a hearing aid when the audiometric device is calibrated to "American National Standard" (formerly ASA standard) Z24.5 (Hearing in at least one ear must meet the preceding criteria.)	P	F	
13	Has no current clinical evidence or clinical record of use of illegal substances and has no current clinical evidence or clinical record of use of legally prescribed medication which is likely to interfere with a person's ability to control and safely operate a school bus.	P	F	
14	Has no recent history of alcohol abuse and has no current clinical diagnosis of alcoholism.	P	F	
15	Has no neurologic deficit that would impair a person's ability to control and safely operate a school bus.	P	F	
16	Does not show clinical evidence of active pulmonary tuberculosis or other communicable diseases.	P	F	
17	Has the speech capabilities to give clear and understandable directions or commands.	P	F	

I hereby certify that the above applicant has been examined by me in accordance with the the medical requirements for school transportation drivers as contained on this form. I have also reviewed the physical activities that the school transportation driver/applicant may be required to perform

- Applicant passes unconditionally
- Applicant passes conditionally-missing limb waiver
- Applicant passed conditionally - insulin waiver required
- Applicant does not meet these standards
- Incomplete - does not meet these standards

Date Physician Signature State Board No