

Arkansas Department Of Education
School Transportation

SCHOOL BUS DRIVER PHYSICAL EXAMINATION FORM

NAME OF DRIVER _____ ADDRESS _____

PHYSICAL FITNESS:

1. EYES:

VISUAL ACUITY _____ RIGHT _____ LEFT _____

GLASSES PROPERLY FITTED: YES _____ NO _____

FIELD VISION: (Minimum of 70%) YES _____ NO _____

COLOR BLIND (RED-GREEN-AMBER) PASS _____ FAIL _____

2. HEARING: PASS _____ FAIL _____
(Must perceive forced whispered voice \geq 5ft. with or without hearing aide, or average hearing loss in better ear \leq 40db.)

3. INDICATIONS OF CARDIOVASCULAR DISEASE THAT WOULD INTERFERE WITH DRIVING A SCHOOL BUS: YES _____ NO _____

4. ABNORMALITIES OF THE LUNGS THAT WOULD INTERFERE WITH DRIVING A SCHOOL BUS: YES _____ NO _____

5. BLOOD PRESSURE: (WITHIN NORMAL LIMITS) YES _____ NO _____

6. AMPUTATION OF MEMBER: ARM _____ HAND _____ LEG _____ FOOT _____

7. EVIDENCE OF EPILEPSY OR SEIZURES: YES _____ NO _____

8. CLINICAL DIAGNOSIS OF ALCOHOLISM: YES _____ NO _____

9. USE OF DRUGS OTHER THAN THOSE PRESCRIBED BY A PHYSICIAN: YES _____ NO _____

10. DIABETES: (INSULINE DEPENDENT) YES _____ NO _____

11. ELIGIBILITY TO DRIVE A BUS:

QUALIFIED _____ DISQUALIFIED _____

DATE SIGNED: LICENSED PHYSICIAN