



## COMMONWEALTH OF PENNSYLVANIA SCHOOL BUS DRIVER'S PHYSICAL EXAMINATION

PA Department of Transportation • Bureau of Driver Licensing  
P.O. Box 68684 • Harrisburg, PA 17106-8684  
(717) 787-6453 (8:00 am - 4:15 pm)

DRIVER'S LICENSE NUMBER	DATE OF BIRTH			PHONE NUMBER	
	MONTH	DAY	YEAR		
LAST NAME	JR., ETC.	FIRST NAME			M.I.
STREET ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.)					
CITY	STATE	ZIP CODE	DRIVER E-MAIL		
EMPLOYER (required for out-of-boundary drivers)				EMPLOYER PHONE # (required for out-of-boundary drivers)	

**Note: All out-of-state transfers and out-of-boundary drivers must comply with Pennsylvania mandatory training within 120 days of issuance.**

### A PERSON IS PHYSICALLY QUALIFIED TO OPERATE A SCHOOL BUS IF:

- A. There is no loss or impairment of the use of a foot, a leg, a hand, or an arm. (see second page for waiver information)
- B. There is no medical history or clinical diagnosis of:
  1. Diabetes mellitus currently requiring use of insulin or any other hypoglycemic medication.
  2. Myocardial infarction, angina pectoris, coronary insufficiency, or pacemaker insertion.
  3. Other cardiovascular disease resulting in syncope, dyspnea, loss or impairment of consciousness, collapse, or congestive cardiac failure.
  4. Hypertension resulting in syncope, dyspnea, loss or impairment of consciousness, collapse, or congestive cardiac failure.
  5. Respiratory dysfunction likely to impair the ability to drive a school bus safely.
  6. Rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to impair the ability to drive a school bus safely.
  7. Seizure disorders or any other condition likely to cause loss or impairment of consciousness or any loss of ability to drive a school bus safely. (waivers available see reverse side)
- C. Has no mental, emotional or psychiatric disorder whether functional or organic which may be manifested in a condition likely to impair the ability to drive a school bus safely; such as inattentiveness, despondency, aggressiveness, or lack of concern for the safety of self or others.
- D. Has no hearing loss greater than 40 decibels in the better ear without a hearing aid, at frequencies of 500, 1000 and 2000. A person who is required to wear a hearing aid shall be tested by a clinically certified audiologist.
- E. Does not abuse alcohol or any other drug or substance known to impair skill or functions which may be manifested in any condition such as inattentiveness, despondency, aggressiveness, or lack of concern for the safety of self or others.
- F. Has distant visual acuity of at least 20/40 in the better eye without corrective lenses or visual acuity corrected to 20/40 or better. Has at least 20/50 in the poorer eye without corrective lenses or visual acuity corrected to 20/50 or better. Has a combined field of vision of at least 160° in the horizontal meridian, excepting the normal blind spots. Has the ability to determine the colors used in traffic signals and devices showing standard red, green or amber.
- G. Has no type of tuberculosis in a transmittable stage and has taken the pre-employment tuberculin test as required by Section 1418(b) of the Public School Code. Drivers who have a documented nonsignificant tuberculin skin test are not required to have further tests unless they are exposed to a case of active tuberculosis or are directed otherwise by the Secretary of the Department of Health.

THIS IS TO CERTIFY THAT DRIVER IS  QUALIFIED  DISQUALIFIED \_\_\_\_\_  
Reason for Disqualification

If Disqualified, please list existing medical conditions (A-G): \_\_\_\_\_

If Qualified, please list existing medical conditions (A-G): \_\_\_\_\_

**TO THE PROVIDER:**

Please indicate reasons for the disqualification of the person being examined. If the person is physically qualified complete Form DL-742, "Physical Examination Certificate."

Waivers may be granted by the Department to individuals with a loss or impairment of a limb, diabetes mellitus, certain cardiovascular conditions, and seizure disorders providing they meet the minimum waiver criteria. PennDOT will issue waiver(s).

Chapter 71 states that a person is physically qualified to drive a school bus if the person:

- Has no loss or impairment of a foot, a leg, a hand, or an arm; or has been granted a waiver by the Department after competency has been demonstrated through a driving examination in a school bus administered in accordance with department regulations.
  - \* To obtain a driver's test authorization letter to demonstrate competency, please contact the Special Driver Programs Unit at (717) 787-6453.
- Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring use of insulin or other hypoglycemic medication. A waiver may be granted to an individual requiring the use of diabetic medication providing that the individual meets the minimum waiver criteria and submits the results of a diabetic examination on a waiver form provided by the Department every 6 months.
- Has no established medical history or clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency or pacemaker insertion. Waivers may be granted to those individuals with a history of coronary artery disease, previous myocardial infarction, congenital heart defects, cardiomyopathy, pericarditis, myocarditis, chronic atrial flutter/fibrillation or valvular heart disease, and individuals who have undergone corrective surgery for congenital heart defects, coronary angioplasty, valve repair/replacement, coronary artery bypass graft surgery, or ablative surgery for paroxysmal supraventricular arrhythmias, providing that the individual annually meets the waiver criteria.
- Has no established medical history or clinical diagnosis of seizure disorders or another condition likely to cause loss or impairment of consciousness or loss of ability to drive a school bus safely. A waiver may be granted providing that:
  - There has been no more than a single, nonrecurring episode of altered consciousness or loss of bodily control, occurring at least 2 years preceding waiver application, which did not require treatment.
  - If a seizure disorder has been diagnosed, but the person has been episode-free for at least 5 years preceding waiver application and has not required treatment for at least 5 years.

**PROVIDER INFORMATION (Please print or type)**

PROVIDER'S NAME	SPECIALTY	STATE LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	FAX		
<p>I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.</p>			
<p>_____</p> <p style="text-align: center;">Provider's Signature</p>		<p>_____</p> <p style="text-align: center;">Date</p>	