

**DOT PHYSICAL ADDENDUM FORM  
DELAWARE SCHOOL BUS DRIVER**

*The DOT Physical form must be submitted along with this form to the Transportation Supervisor on a bi-yearly basis.*

Date: \_\_\_\_\_

The purpose of the physical examination is to detect the presence of physical and/or mental defects of such a character and extent as to affect the applicant's ability to safely perform the required duties of a school bus driver in normal and/or emergency circumstances. (The bus driver's duties are listed below.) Defects may be recorded, which do not, because of their character or degree, indicate that a certificate of physical fitness be denied. The TB screening is required every 5 years.

Print Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*
*Driver License No.*
*State*

Current Address: \_\_\_\_\_  
*Street*
*Birth Date*

\_\_\_\_\_ ( ) \_\_\_\_\_  
*City*
*State*
*Zip*
*Phone Number*

**THE DUTIES OF A SCHOOL BUS DRIVER:**

1. Operate the school bus in a safe and efficient manner.
2. Conduct pre-trip and post-trip checks on the vehicle and its special equipment to determine if there is sufficient fuel supply and if equipment such as steering gear, brakes, tires, etc. are in good working condition.
3. Meet emergency situations in accordance with standard procedures (assist in safe evacuation).
4. Maintain discipline on the bus and report cases of disobedience or misconduct to the proper school official.

**We certify that all the information is true and correct:**

Applicant: \_\_\_\_\_ \*Physician Review: \_\_\_\_\_

\* Doctors of medicine, doctors of osteopathy, physician assistants, and advance practice nurses.

**MEDICAL HISTORY**

**(To be completed by applicant prior to physical examination)**

No	Illness, Disability, Etc	Yes	If Yes, Give Diagnosis, Frequency, Extent and Severity	Date
	Neurological condition			
	Seizure or other alteration of consciousness			
	Head or spinal injury or illness			
	Psychiatric disorder			
	Acute or chronic eye disease			
	Chronic lung or respiratory disease			
	Tuberculosis			
	Cardiovascular disease			
	High blood pressure			
	Gastrointestinal disorder			
	Diabetes			
	Asthma or other severe allergies			
	Impairment or limitation of use of limbs			
	Kidney disease			
	Present medications			
	Recent weight loss or weight gain			
	Other			

**OVER**

