

DELAWARE SCHOOL BUS DRIVER MEDICAL WAIVER

Date: _____

Print Name: _____

Last

First

M.I.

Driver License No. _____

State _____

Current Address: _____

Street

City

State

Zip

Date of Birth

Phone Number

A medical waiver can be issued for the following medical conditions, if a family physician determines an individual has been free of symptoms or well controlled for one year (please circle which item waiver is being issued for):

- a. Diabetes mellitus requiring use of insulin or any other hypoglycemia medication.
- b. Myocardial infarction, angina pectoris, coronary insufficiency.
- c. Any other form of cardiovascular disease, including hypertension, with syncope, dyspnea, loss of consciousness, collapse, or congestive failure.

*Medical Examiner (Print) Last

First

M.I.

License or Certificate No.

Signature of Medical Examiner

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

Date: _____