DELAWARE SCHOOL BUS AIDE PHYSICAL EXAMINATION

Date: _____ ☐ Annual Physical ☐ First Time Physical (Tuberculin Test Required)

Print Name: _____
Last First M.I. Driver License No. State

Current Address: _____
Street Social Security No. Birth Date

_____ ( )
City State Zip Phone Number

Part I 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			

I certify that all the above information is true and correct:

Applicant_____ Physician Review_____

Part II PHYSICAL EXAMINATION

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 aide's duties are listed on the next page.) 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.

General Appearance_____ Height_____ Weight_____

VISION: (Distance) Right 20/_____Left 20/_____ _____Without Glasses _____With Glasses

Color Vision _____Horizontal Field of Vision_____ Right _____ ° Left_____ °

HEARING: (Twenty feet) Right Ear_____/20 Left Ear_____/20 Disease or Injury_____

THORAX: Heart (Murmurs)_____ Lungs_____

Blood Pressure_____/_____ Pulse: Before exercise_____ Two minutes after exercise_____
(Sitting) (Rate & Rhythm) (Rate & Rhythm)

ABDOMEN: Abnormal masses _____~~Tender~~ness_____Hernia: Yes _____ No_____ Where?_____

REFLEXES: Upper Extremities: Normal _____ Abnormal _____ Lower Extremities: Normal _____ Abnormal _____

EXTREMITIES (Limitations) :Upper_____ Lower_____ Spine_____

LABORATORY FINDINGS: (Urine) Spec. Gr._____ Albumin_____ Sugar_____ Tuberculin Test_____
Date/Result

(OVER)

The following shall be the minimum requirements for passing a school bus aide physical examination:

1. **VISION**
   a. 20/40 combined vision, corrected and uncorrected, both eyes; however, if the vision can be corrected to 20/20, correction is required.

   b. 20/50 vision, minimum of 20/50 vision in the poorer eye.

   c. 140 degree field of vision, bilaterally. If there is any suggestion of field defect, the driver shall have the right to be examined by a qualified eye physician using equipment designed to measure field defects in both the horizontal and vertical meridians.

   d. Sufficient color perception so as not to hinder the aide's ability to distinguish among, but not necessarily name, the colors red, yellow, and green.

2. **HEARING**
   Must be capable of hearing a whispered voice at a distance of 20 feet with or without a hearing aid. Where there is doubt, the applicant shall be required to have an audiometer-hearing test (capable of hearing 25 dBHL at 500, 1000, 2000, and 4000 Hz).

3. No established medical history or clinical diagnosis of:

   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.

(A waiver for a, b, and c will be acceptable from the **family physician** if the individual has been free of symptoms or well-controlled for one year.)

   d. Respiratory dysfunction likely to interfere with the ability to control and safely operate equipment on a school bus.

   e. Rheumatic, arthritic, orthopedic, muscular or neuromuscular disease likely to interfere with the ability to control and safely operate equipment on a school bus.

   f. Epilepsy or other condition which may cause momentary lapses in consciousness.

   g. Any other condition which in the opinion of the examining physician could interfere with the ability to monitor/assist students safely.

4. No mental, nervous, organic or emotional problem, which could render the aide irrational in dealing with children.

5. No current diagnosis of alcoholism or drug abuse.

6. No loss or impairment of use of any foot, leg, arm, hand, fingers or thumb, and no other defect or limitation likely to interfere with the ability of the person to move students in mobility devices and/or properly restrain the devices or secure students in a variety of Child Safety Restraint Systems.

7. No type of tuberculosis in a communicable stage.

THE DUTIES OF A SCHOOL BUS AIDE

1. Assist with meeting emergency situations in accordance with standard operating procedures (assist in safe evacuation which may require lifting).

2. Assist with maintaining discipline on the bus and report cases of disobedience or misconduct to the proper school officials.

3. Assist in loading and unloading of pupils, including lift operation.

I certify that I have on this date examined the above named aide in accordance with the State Board of Education Rules and Regulations which relate to the physical qualifications of School Bus Aide and with knowledge of the duties prescribed. I find the person qualified under said Rules and Regulations.

_____ Qualified only when wearing corrective lenses. _____ Qualified only when wearing hearing aid.

** Medical Examiner (Print) Last*	*First*	*M.I.*	*License or Certificate No.*	*Signature of Medical Examiner*

Date: _____

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