

SECTION 4 – Hearing – use one of the two methods of testing below

Method 1: Record distance from individual at which forced whispered voice can first be heard.

To pass, must be minimum of 5 ft.

Right Ear _____

Left Ear _____

Was a hearing aid used (Method 1)?

Yes No

Method 2 – Using an audiometer, record hearing loss in decibels according to ANSI ZZ24.5-1951 (fill in below).

Right	500 Hz _____	1000 Hz _____	2000 Hz _____	Average _____	Meets Standard? Yes <input type="checkbox"/> No <input type="checkbox"/>
Left	500 Hz _____	1000 Hz _____	2000 Hz _____	Average _____	Meets Standard? Yes <input type="checkbox"/> No <input type="checkbox"/>

Was a hearing aid required to meet the standard (Method 2)? Yes No

SECTION 5 – Blood Pressure / Pulse Rate

BP	_____ / _____ <i>BP must be ≤160 systolic over ≤90 diastolic</i>	Arteries:	Sclerosis _____ Pulsations _____
Pulse	Beats/min. _____	Regular <input type="checkbox"/> Irregular <input type="checkbox"/>	Enlargement indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 6 – General

Height: _____ ft _____ in	Weight: _____ lbs	LUNGS: Rales:	LUNGS: Breath sounds:	
Chest X-Ray or intradermal tuberculin test (only required if possible lung disease is indicated). Tuberculin test may be substituted.				
Deformities of extremities:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify _____			
Routine office urinalysis:	SP. GR.	PROTEIN	BLOOD	SUGAR/GLUCOSE
Infectious disease Y <input type="checkbox"/> N <input type="checkbox"/>	Drug addiction Y <input type="checkbox"/> N <input type="checkbox"/>	Mental disability Y <input type="checkbox"/> N <input type="checkbox"/>	Emotional instability Y <input type="checkbox"/> N <input type="checkbox"/>	
Physician comments regarding any abnormal ailment, disease, defect, or condition found during the physical examination.	Please print legibly and use layman's terms. Attach an additional sheet if necessary.			

SECTION 7 - Certification

IMPORTANT NOTE TO PHYSICIAN: Please consider the following carefully before making your decision as to the ability of this person to safely perform the duties of a school bus driver. The school bus driver has the tremendous responsibility of safeguarding the lives of children while performing his/her duty. The work the driver does requires physical strength, stamina, lack of nervousness, ability to meet emergencies, and a disposition able to cope with a large crowd of adolescents. Bus drivers also operate buses that range in size from 10 passengers upward, sometimes weighing as much as 15 tons. Drivers must be ready to be called upon to do work necessitating heavy physical exertion. If you need additional guidance the provisions set forth in the U.S. Department of Transportation Motor Carrier Safety Regulations, as they pertain to physical qualifications, shall serve as a **guide**.

By way of the above physical examination, I certify that _____ HAS HAS NOT

met the physical qualifications required and is deemed by me to have all the abilities listed above to safely perform the duties of a school bus driver in Maine.

Physician's Signature	Date of Exam
Physician's Name (printed)	Phone
Physician's complete mailing address	