

Driver/Employer T8 Form

T-8 Rev. 3/2012

School Transportation Driver Medical Form

| A. To be Completed by Applicant (Print or Type) | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|----------------------|------------|--|
| Last Name | | First Name | MI | | |
| | | | | | |
| Home Address City/State/Zip | | | | | |
| | | | | | |
| CDL Number | State | CDL | Expiration Date | DOB | |
| | | | | | |
| Most Recent Preservice Date: Month Year Prese | | | Preservice Certifica | ite# | |
| I hereby release the information on this form to the constituted authorities for evaluation purposes. | | | | | |
| Driver/Applicant Signature: | | | | | |
| | | | | | |
| B. To be Completed by Employer (Print or Type) | | | | | |
| School District Name/Contractor Name | | | | | |
| | | | | | |
| District IRN | County | ty Contractor License Number | | | |
| | | | | | |
| Most Recent District Inservice Date: | | | | | |
| This Individual Will I | Be Employed to Operat | e: | School Bus | School Van | |
| | | | | | |
| Date | Signature of Bus Owner/ | /Designee | Printed/Typed Na | ame | |
| | | | | | |
| Special Instructions for Blood Pressure Checks: | | | | | |
| If the doctor has circled <u>P-90 day</u> on the physical form, the T8 expires in 90 days unless the driver obtains a blood pressure reading at 90 days. This reading must be recorded on the T8 form. | | | | | |

web-based reporting system.

An additional blood pressure must be taken at 6 months, recorded on the T8 form and reported to ODE on the

THIS FORM MUST BE ATTACHED TO THE PHYSICIAN'S T8 FORM TO BE VALID

Driver: FN

MI

LN

Form T-8 Ohio Department of Education
Revised 3/2012 School Transportation Driver Medical Form

Date of Birth (M/D/Y) Р F Has no loss of a foot, a leg, a hand, or an arm. 2 Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm and no other structural defect Р F Missing limb waiver required or limitation which is likely to interfere with a person's ability to control and safely operate a school bus. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin Р F Insulin waiver required Glucosuria Stmt attached for control. ** Annual urinalysis screening for glucose is required. If glucosuria is detected, a physician's statement regarding the potential condition of diabetes mellitus and any required treatment is to be attached. Cardiovascular stmt Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, Р F or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure. A person with a history of cardiovascular surgery or abnormality shall be given a more stringent examination (example: stress testing, Holter monitoring, angiography or other examinations) to determine whether or not the surgery or abnormality is likely to impair a person's ability to control, inspect, and safely operate a school bus. If it is determined the surgery or abnormality is not likely to impair the ability, the examining physician will provide certification to that effect with the examination report. Individuals with an implanted defibrillator may not operate a school transportation vehicle. Has no history of transient ischemic attack (TIA), carotid insufficiency, cerebral vascular accidents (stroke) or other vascular abnormalities which are unstable or uncontrolled and/or likely to interfere with a person's ability to control and safely operate a school bus. Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with a Р person's ability to control and safely operate a school bus. Please record BP in margin where indicated. Initial reading Blood Pressure at or below 160/90 is passing. Р B/P If initial BP is 161-180 systolic and/or 91-104 diastolic a non-renewable 90 day T-8 may be issued. P-90 day 90 day reading Blood pressure must be checked again in 90 days and must be at or below 160/90. If not, driver is disqualified. Driver must be checked again within 6 months, and must be at or below 160/90. P-6mo 6 month reading Date B/P / Blood Pressure exceeding 180 systolic or 104 diastolic is failing. F Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular or F neuromuscular disease which is likely to interfere with a person's ability to control and safely operate a school bus. Has no established medical history or clinical diagnosis of epilepsy or any other seizure disorder and has Р F no other condition which is likely to cause loss of consciousness or any loss of a person's ability to control and safely operate a school bus. 10 Has no mental, emotional, nervous, organic or functional disease or psychiatric disorder which is likely to Р F interfere with a person's ability to control and safely operate a school bus. 11 Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity Р separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least seventy degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber. Persons may use corrective lenses to attain these standards. Р F 12 Screening audiometer test does not indicate an average hearing loss in the better ear greater than 40

I hereby certify that the above applicant has been examined by me in accordance with the medical requirements for school transportation drivers as contained on this form. I have also reviewed the physical activities that the school transportation driver/applicant may be required to perform.

14 Has no recent history of alcohol abuse and has no current clinical diagnosis of alcoholism.

17 Has the speech capabilities to give clear and understandable directions or commands.

calibrated to "American National Standard" (formerly ASA standard) Z24.5

(Hearing in at least one ear must meet the preceding criteria.)

ability to control and safely operate a school bus.

decibels at 500 Hz, 1000 Hz, and 2000 Hz with or without a hearing aid when the audiometric device is

13 Has no current clinical evidence or clinical record of use of illegal substances and has no current clinical

15 Has no neurologic deficit that would impair a person's ability to control and safely operate a school bus.

16 Does not show clinical evidence of active pulmonary tuberculosis or other communicable diseases.

evidence or clinical record of use of legally prescribed medication which is likely to interfere with a person's

Applicant passed unconditionally - missing limb waiver Applicant passed conditionally - insulin waiver required

Applicant does not meet these standards

Incomplete - does not meet these standards

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Date Physician Signature State Board No