Secretary of State

PHYSICAL EXAMINATION AND CERTIFICATE FOR ILLINOIS SCHOOL BUS DRIVER

Employer Name _____
Address _____
_____
Employer Number_____

Please print information clearly

Name: (Last, First, Middle)	Birth Date:	Age:
Address: (Street, City, State, ZIP)	Driver's License Number:	

Section 1: Driver Information *(To be filled out by the driver)*

Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses *(e.g., concussion)*	○	○	○
2. Seizures/epilepsy	○	○	○
3. Eye problems *(except glasses or contacts)*	○	○	○
4. Ear and/or hearing problems	○	○	○
5. Heart disease, heart attack, bypass, or other heart problems	○	○	○
6. Pacemaker, stents, implantable devices, or other heart procedures	○	○	○
7. High blood pressure	○	○	○
8. High cholesterol	○	○	○
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	○	○	○
10. Lung disease *(e.g., asthma)*	○	○	○
11. Kidney problems, kidney stones, or pain/problems with urination	○	○	○
12. Stomach, liver, or digestive problems	○	○	○
13. Diabetes or blood sugar problems	○	○	○
Insulin used	○	○	○
14. Anxiety, depression, nervousness, other mental health problems	○	○	○
15. Fainting or passing out	○	○	○
16. Dizziness, headaches, numbness, tingling, or memory loss	○	○	○
17. Unexplained weight loss	○	○	○
18. Stroke, mini-stroke (TIA), paralysis, or weakness	○	○	○
19. Missing or limited use of arm, hand, finger, leg, foot, toe	○	○	○
20. Neck or back problems	○	○	○
21. Bone, muscle, joint, or nerve problems	○	○	○
22. Blood clots or bleeding problems	○	○	○
23. Cancer	○	○	○
24. Chronic (long-term) infection or other chronic diseases	○	○	○
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	○	○	○
26. Have you ever had a sleep test *(e.g., sleep apnea)*?	○	○	○
27. Have you ever spent a night in the hospital?	○	○	○
28. Have you ever had a broken bone?	○	○	○
29. Have you ever used or do you now use tobacco?	○	○	○
30. Do you currently drink alcohol?	○	○	○
31. Have you used an illegal substance within the past two years?	○	○	○
32. Have you ever failed a drug test or been dependent on an illegal substance?	○	○	○

Other health condition(s) not described above: ☐ Yes ☐ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: ☐ Yes ☐ No ☐ Not Sure

Have you ever had surgery? If "yes," please list and explain below. ☐ Yes ☐ No ☐ Not Sure

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? If "yes," list each medication, dosage, and how often taken. ☐ Yes ☐ No ☐ Not Sure

Section 2: Medical Examination *(To be filled out by the doctor)*

Pulse Rate: _____ Pulse rhythm regular: ○ Yes ○ No Height: ___ *feet* ___ *inches* Weight: ____ *pounds*

Blood Pressure	Systolic	Diastolic	**Urinalysis**	Sp. Gr.	Protein	Blood	Sugar
Sitting			Urinalysis is required. Numerical readings must be recorded.				
Second reading *(optional)*							

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/_____	20/_____	Right Eye: _____ degrees
Left Eye:	20/_____	20/_____	Left Eye: _____ degrees
Both Eyes:	20/_____	20/_____	

	Yes	**No**
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors	○	○
Monocular vision	○	○
Referred to ophthalmologist or optometrist?	○	○
Received documentation from ophthalmologist or optometrist?	○	○

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet ***OR*** *average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).*

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☐ Neither

Whisper Test Results	Right Ear	Left Ear
Record distance *(in feet)* from driver at which a forced whispered voice can first be heard	_____	_____

OR

Audiometric Test Results

Right Ear:			Left Ear:		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
_____	_____	_____	_____	_____	_____

Average (right): _____ Average (left): _____

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	**Body System**	Normal	Abnormal
1. General	○	○	8. Abdomen	○	○
2. Skin	○	○	9. Genito-urinary system including hernias	○	○
3. Eyes	○	○	10. Back/spine	○	○
4. Ears	○	○	11. Extremities/joints	○	○
5. Mouth/throat	○	○	12. Neurological system including reflexes	○	○
6. Cardiovascular	○	○	13. Gait	○	○
7. Lungs/chest	○	○	14. Vascular system	○	○

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

Section 3: Required Testing

ALL APPLICANTS

Annual testing for marijuana, cocaine, opiates, amphetamines and phencyclidine, using the tests and standards for positive test results specified in 49 CFR 40.85. Copy of the drug testing and control form shall be maintained with the physical examination and certificate. Test must occur no more than 90 days prior to the school bus permit application.

TEST DATE_____ . **TEST RESULTS** _____

(NEW APPLICANTS OR RE-APPLICANTS WHOSE PERMITS HAVE LAPSED MORE THAN 30 DAYS)

TEST DATE _____ **TEST RESULTS**_____.

(RE-APPLICANTS ONLY) Does the applicant show signs of tuberculosis? ☐ **YES** ☐ **NO**

If yes, Tuberculosis test is required

TEST DATE _____ **TEST RESULTS** _____**.**

Section 4: Driver / Applicant Consent and Declaration

I hereby consent to provide a urine sample to be used to test for amphetamines, cocaine, marijuana, opiates, phencyclidine and alcohol. Further, I authorize the laboratory to release the results of such tests to the medical examiner to be used in determining and reporting eligibility for a school bus permit. I also consent to the release of the entire completed examination by the medical examiner to my employer.

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my School Bus Permit, that submission of fraudulent or intentionally false information is a violation of 625 ILCS 5/6-106.1 (a), (7), and that submission of fraudulent or false information may subject me to penalties under the Illinois Vehicle Code or Administrative Rule.

Driver's Signature: _____ Date:_____

Medical Examiner's Certificate

NOTE: The Medical Examiner shall provide one completed and signed Certificate to the applicant. A copy of the completed and signed Certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner.

PART A I certify that I have completed the school bus medical examination of _____ on _____ in accordance with the provisions of 92 Illinois Administrative Code 1035.20 and, based upon that examination, find he/she is:

- ☐ Qualified under the regulations
- ☐ Qualified only when wearing a hearing aid
- ☐ Qualified only when wearing corrective lenses
- ☐ Not qualified under the regulations

Name of Medical Examiner _____

Professional License Number of Medical Examiner _____

Note : Completion of Part A only does not qualify the applicant . Test results must be certified in PART B as well before the applicant can be considered qualified .

PART B Final Medical Examiner's Certification:

Date of TB Results: _____ Date of Drug Test Results: _____

I certify that I have completed my examination including my readings of the drug and TB test results for _____ on _____in accordance with the provisions of 92 Illinois Administrative Code 1035.20. Based upon the results of Drug and TB testing required by 92 IL Administrative Code 1035.20(j)(11) and (j)(13) and having no positive test results or having a positive result and is either recieving prophylactic treatment or has inactive tuberculosis as diagnosed by X-ray, find that he/she is:

- ☐ Not qualified due to positive tuberculosis test
- ☐ Not qualified due to positive drug tests
- ☐ Qualified under the regulations

Name of Medical Examiner _____

Professional License Number of Medical Examiner_____

Telephone Number of Medical Examiner (___)-____-_____

Signature of Medical Examiner_____

Fax Number of Medical Examiner _____

Date of Certification (Date the medical examiner has received all test results)_____

A completed examination form for this person is on file in my office at: _____

Instructions for Completing the Physical Examination and Certificate for Illinois School Bus Driver

Personal Information: Please complete this section using your name as it appears on your driver's license, your current address, date of birth, age, and driver's license number.

Section 1: Driver Information

- **#1-32:** Please complete this section by checking the "Yes" box to indicate that you have, or have ever had, the health condition listed or the "No" box if you have not. Check the "Not Sure" box if you are unsure.
- **Other Health Conditions not described above:** If you have, or have had, any other health conditions not listed in the section above, check "Yes" and in the box provided list those conditions.
- **Any yes answers to questions #1-32 above:** If you have answered "Yes" to any of the questions in the Driver Information section above, please explain your answers further in the box provided. For example, if you answered "Yes" to question #5 regarding heart disease, heart attack, bypass, or other heart problem, indicate which type of heart condition. If you checked "Yes" to question #19, indicate which limb is missing or limited and to what extent it's limited.
- **Have you ever had surgery:** Please check "Yes" if you have ever had surgery and provide a written explanation of the details including type(s) and date(s).
- **Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet suppliments):** Please check "Yes" if you are taking any diet supplements, herbal remedies, or prescription or over-the-counter medications. In the box provided list the name(s) and dosage of medications being taken.

Section 2: Instructions to Medical Examiner

The medical examiner should read these instructions before performing the examination. Because of the rigorous physical demands and the mental and emotional responsibilities placed on a school bus driver, the examining medical examiner is required to certify that the applicant/driver has no physical, mental or organic defect that is likely to interfere with the applicant's ability to control and drive a school bus safely. Professional judgment will be used for most conditions listed; however, particular attention must be given to those items where the medical examiner's judgment is not allowed and where additional testing is required.

Physical qualifications for Drivers (92 Illinois Administrative Code 1035.20)

An applicant shall be considered physically qualified to operate a school bus only if he/she:

1. has no loss or impairment of a hand, finger, arm, foot or leg, which would interfere with the safe operation of a school bus, or has had such loss(es) or impairment(s) compensated for in a manner satisfactory to the examining physician;
2. has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control which is likely to interfere with the ability to control and drive a school bus safely;
3. has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
4. has no established history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely;
5. has no current clinical diagnosis of high blood pressure likely to interfere with the ability to control and drive a school bus safely;
6. has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to control and drive a school bus safely;
7. has no established medical history or clinical diagnosis of epilepsy, or any other condition which is likely to cause loss of consciousness, or any loss of ability to control and drive a school bus safely;
8. has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to control and drive a school bus safely;
9. does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, and/or any other mind-altering drug or substance, or any prescribed drug that may interfere with the ability to operate a school bus safely;
10. has no current clinical diagnosis of alcoholism; and
11. has a negative reading/test result on a tuberculosis test, or has a positive result on a tuberculosis skin test and either
    a. is receiving prohylactic treatment, or
    b. has inactive tuberculosis as diagnosed by X-ray.

1. General Appearance and Development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

2. Head-Eyes. When other than the Snellen Chart is used, the results of such test must be expressed in values comparable to the standard Snellen Test. If the applicant wears corrective lenses, these should be worn while the applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses. Monocular or aphacic drivers are not qualified to operate school buses under the existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he or she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

3. Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

4. Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a school bus.

5. Thorax-Heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascu-lar disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

6. Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a school bus.

7. Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

8. Gastrointestinal System. Note any diseases of the gastrointestinal system

9. Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

10. Abnormal Masses. If present, note location, if tender, and whether applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

11. Tenderness. When noted, state where most pronounced and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a school bus, more stringent tests must be made before the applicant can be certified.

12. Genito-Urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a school bus will disqualify an applicant from operating a school bus.

13. Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported as absent only when not obtainable upon reinforcement and as increased when the foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

14. Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a school bus safely.

15. Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

16. Recto-Genital Studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

17. Laboratory and Other Special Findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

18. Diabetes. If insulin is necessary to control a diabetic condition, the physician must be satisfied that such condition is under control and is not likely to interfere with the applicant's ability to control and drive a school bus safely. If mild diabetes is noted at the time of examina-tion and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, the physician must satisfy himself or herself that the applicant will continue to receive adequate medical supervision.

Section 3. Required Testing

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. Urine samples must be taken, and a chain of custody established to test for amphetamines, cocaine, marijuana, opiates and phencyclidine. The examining medical examiner must determine that a legitimate medical explanation exists for a positive test result for one or more of the tested drugs. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the medical examiner's judgment, be helpful in reviewing test results.
The temperature of any specimen must be taken within 4 minutes of collection. A specimen temperature outside the range of 90˚ - 100˚ F constitutes a reason to believe that the individual has altered or substituted the specimen. If the specimen temperature is outside the acceptable range, you must immediately conduct a new urine collection using direct observation procedures or an oral fluid collection. The sample must be delivered by U.S. mail, a personal delivery by medical examiner's staff, a professional messenger service, or by other means which preclude tampering with the specimen, to a laboratory certified by either the Illinois Department of State Police, pursuant to 20 Illinois Administrative Code 1286; or the U.S. Department of Transportation, pursuant to 49 CFR Part 40. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the specimen which ensures its integrity.
The cutoff levels for laboratory analysis are equal to standards set forth by the U.S. Department of Transportation pursuant to 49 CFR 40.85

Initial test analyte	Initial test cutoff[1]	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites (THC)[2]	50 ng/mL[3]	THCA	15 ng/mL.
Cocaine metabolite (Benzoylecgonine)	150 ng/mL[3]	Benzoylecgonine	100 ng/mL.
Codeine/Morphine	2000 ng/mL	Codeine Morphine	2000 ng/mL. 2000 ng/mL
Hydrocodone/Hydromorphone	300 ng/mL	Hydrocodone Hydromorphone	100 ng/mL. 100 ng/mL.
Oxycodone/Oxymorphone	100 ng/mL	Oxycodone Oxymorphone	100 ng/mL. 100 ng/mL.
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL. 250 ng/mL.
MDMA[4]/MDA[5]	500 ng/mL	MDMA MDA	250 ng/mL. 250 ng/mL.

[1] For grouped analytes (i.e., two or more analytes that are in the same drug class and have the same initial test cutoff): Immunoassay:
The test must be calibrated with one analyte from the group identified as the target analyte. The cross reactivity of the immunoassay to the other analyte(s) within the group must be 80 percent or greater; if not, separate immunoassays must be used for the analytes within the group.
Alternate technology: Either one analyte or all analytes from the group must be used for calibration, depending on the technology. At least one analyte within the group must have a concentration equal to or greater than the initial test cutoff or, alternatively, the sum of the analytes present (i.e., with concentrations equal to or greater than the laboratory's validated limit of quantification) must be equal to or greater than the initial test cutoff.

[2] An immunoassay must be calibrated with the target analyte.

[3] Alternate technology (THC and Benzoylecgonine): When using an alternate technology initial test for the specific target analytes of THCA and Benzoylecgonine, the laboratory must use the same cutoff for the initial and confirmatory tests (i.e., 15 ng/mL for THCA and 100 ng/mL for Benzoylecgonine).

[4] Methylenedioxymethamphetamine (MDMA).

[5] Methylenedioxyamphetamine (MDA).