

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) _____		

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 occupational eligibility. I also consent to the release of the entire completed examination by the medical examiner to my employer.

Signature of Driver/Applicant: _____

A. Health History (To be completed by medical examiner)

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Head or spinal injuries	<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic respiratory disease	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Psychiatric disorder
<input type="checkbox"/> Seizures, fits, convulsions or fainting	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Muscular disease	<input type="checkbox"/> Any other nervous disorder
<input type="checkbox"/> Extensive confinement by illness or injury	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Gastrointestinal ulcer	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Congenital disease
<input type="checkbox"/> Back injury or strain	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Nervous stomach	<input type="checkbox"/> Suffering from any other disease	<input type="checkbox"/> Drug addiction
<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Permanent defect from illness, disease, or injury	<input type="checkbox"/> Injury where lost time from work
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Asthma		

If the answer to any of the above is yes, explain: Does this problem still exist? _____ Is this patient, or should this patient, be under treatment for this condition? _____ In your opinion, would this condition interfere with the safe operation of a school bus? _____

In your opinion, would this condition interfere with the safe operation of a motor vehicle? _____

GENERAL APPEARANCE AND DEVELOPMENT <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Height _____	Weight _____ lbs.
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HEAD—EYES <input type="checkbox"/> Without Corrective Lenses <input type="checkbox"/> With Corrective Lenses	For Distance: Right 20/ Left 20/	Evidence of Disease or Injury: Right _____ Left _____	Horizontal Field of Vision Right _____ Left _____ (record degrees of temporal vision)	Color Vision _____
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EARS Hearing 20 ft. Right /20 Left /20	Audiometric Test (Complete only if Audiometer is used) Decibel loss at 500 Hz _____ 1000 Hz _____ 2000 Hz _____	DISEASE OR INJURY _____
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MOUTH _____	THROAT _____
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THORAX Heart	If organic disease is present, is it fully compensated?	Blood Pressure (sitting) Systolic _____ Diastolic _____	Pulse Before exercise: _____ Immediately after exercise: _____	Lungs _____
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ABDOMEN Scars	Abnormal Masses	Tenderness	Hernia If so, where? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is truss worn? _____	GASTROINTESTINAL Ulceration or other disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
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GENITO-URINARY

REFLEXES Romberg	Pupillary	Light R _____ L _____	Accommodation R _____ L _____	Knee Jerks Right: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Absent Left: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Absent
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EXTREMITIES Upper _____	Lower _____	Spine _____
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LABORATORY & OTHER SPECIAL FINDINGS	Urine: Spec. Gr. _____	Alb. _____	Sugar _____	Blood Serology (when requested) _____	Radiological Data (when requested) _____	Electrocardiograph (when requested) _____
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- Yes No Initiated testing for marijuana, cocaine, opiates, amphetamines and phencyclidine, using the tests and standards for positive test results specified in 54 FED REG 49854 – EFF. 1-2-90. Required annually. Copy of the drug testing and control form shall be maintained with the physical examination and certificate. On the date of application for a school bus driver permit, results must be no older than 90 days. Date of test results _____. Test results _____.
- Yes No Shows signs of tuberculosis (RE-APPLICANTS ONLY) [92 IL Admin Code 1035.20(i)]. If yes, indicate date tested _____ and TB results _____.
- Yes No Initiated testing for tuberculosis (MANDATORY - NEW DRIVERS OR RE-APPLICANTS WHOSE PERMITS HAVE LAPSED MORE THAN 30 DAYS) [92 IL Admin Code 1035.20(i)]. If yes, indicate date tested _____ and TB results _____. If answered NO, applicant DOES NOT QUALIFY under regulations and must be reported on this form under Section D, Medical Examiner's Preliminary Certification.
- Yes No Has a contagious disease. If yes, is this person contagious when in contact with people in the manner typical of school bus drivers performing their normal duties?
 Yes No
- Yes No Has a current clinical diagnosis of alcoholism.

GENERAL PHYSICAL EXAMINATION FINDINGS Satisfactory Rejection Cause for Rejection _____
Decisions on chronic medical problems that are considered stable are left to reasonable medical judgment of the medical examiner.

General Comments _____

B. 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.

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 cardiovascular 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 examination 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.

The medical examiner must date and sign the findings upon receipt of all test results and completion of the examination.

C. Laboratory Analysis and Other Special Findings

Urinalysis is required, as well as such other tests as the medical history or findings may indicate necessary. A serological test is required if the applicant has a history of luetic infection or present findings indicate the possibility of latent syphilis. 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 90.5° - 99.8° F constitutes a reason to believe that the individual has altered or substituted the specimen. In such cases, the individual supplying the specimen may volunteer to have his or her oral temperature taken to provide evidence to counter the reason to believe the individual may have altered or substituted the specimen.

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 54 FED REG 49854 – EFF. 1-2-90.

- 1) The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drugs or classes of drugs:

Drug/Drug Class	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	*300
Phencyclidine	25
Amphetamines.....	1,000

* 25 ng/ml if immunoassay specific for free morphine

- 2) All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels listed in this paragraph for each drug. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve shall be documented in the laboratory record as "greater than highest standard curve value."

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolite**	15
Cocaine metabolite***	150
Opiates:	
Morphine	300
Codeine.....	300
Phencyclidine.....	25
Amphetamines:	
Amphetamine	500
Methamphetamine****	500

** *Delta-9-tetrahydrocannabinol-9-carboxylic acid*

*** *Benzoylcegonine*

**** *Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.*

D. Certification — School Bus Driver Permit

Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

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.

I certify that I have completed Part A of the school bus 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 corrective lenses
- Qualified only when wearing a hearing aid
- 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 BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.

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 for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, find that he/she is:

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

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 _____.

E. 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. has a distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices, showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
10. first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
11. 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;
12. has no current clinical diagnosis of alcoholism; and
13. 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 prophylactic treatment, or
 - b. has inactive tuberculosis as diagnosed by X-ray.