

Sandy Garrett  
State Superintendent of Public Instruction  
Oklahoma State Department of Education (SDE) - Transportation Section  
2500 North Lincoln Boulevard - Oklahoma City, Oklahoma 73105-4599

**ANNUAL HEALTH CERTIFICATION BY LICENSED PHYSICIAN**

Oklahoma school bus drivers are required by the SDE to pass a physical examination once a year. Keep all completed health certification forms on file for one year at the district for the Regional Accreditation Officer.

School County Name \_\_\_\_\_ School District Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Exam Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Clinically Obese: No \_\_\_ Yes \_\_\_

1. Deformities or missing limb (specify) \_\_\_\_\_

2. Hearing \_\_\_\_\_

3. Visual acuity: Reading ability must be definite. Vision must be 20/50 or better in each eye and 20/30 or better using both eyes, with or without corrective lenses. Please record Snellen Test results:

\_\_\_ Without corrective lenses: Left Eye 20/\_\_\_ Right Eye 20/\_\_\_ Both Eyes 20/\_\_\_

\_\_\_ With corrective lenses: Left Eye 20/\_\_\_ Right Eye 20/\_\_\_ Both Eyes 20/\_\_\_

4. History of mental illness: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

5. Seizures: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

6. Paralysis: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

7. Alcohol addiction: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

8. Drug addiction: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

9. Tuberculosis: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

10. Locomotor: Normal \_\_\_ Other/Limits \_\_\_\_\_

11. Heart disorder/disease: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

12. Arthritis: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

13. Diabetes: No \_\_\_ Yes \_\_\_ Controlled by: Diet \_\_\_\_\_ Insulin Oral \_\_\_\_\_ Insulin Injection\* \_\_\_\_\_

14. Emotional disorders: No \_\_\_ Yes \_\_\_ Comments \_\_\_\_\_

15. Blood pressure reading: \_\_\_\_\_ / \_\_\_\_\_ Within normal limits? Yes / No \_\_\_\_\_

16. List all prescription medications the applicant takes on a regular basis: \_\_\_\_\_

\* (An applicant dependent on insulin "by injection" does not meet the SDE health qualifications.)

*I certify that the above information given to the physician is true/correct to the best of my knowledge.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Licensed Physician (PRINT) \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Based on the above examinations and the history provided by the applicant, it is my opinion that the above named person \_\_\_\_\_ is / is not \_\_\_\_\_ physically and emotionally competent to drive a school bus.

**Signature of Physician** \_\_\_\_\_

