

Oklahoma State Department of Education (SDE) - 2500 North Lincoln Boulevard - Oklahoma City, Oklahoma 73105-4599
Student Transportation Section (405) 521-3472

Oklahoma School Bus Driver Health Certificate: SDE Annual Physical Form

The Oklahoma State Board of Education requires each school bus driver to pass a physical examination. Oklahoma regulation requires (1) an annual physical using this form; **or** (2) a physical every two years using a Department of Transportation (DOT) form. Schools must *keep completed health certificate forms on file for one year at the district* for their Regional Accreditation Officer.

*A person taking insulin by injection does not meet Oklahoma SDE qualifications to drive a school bus.

**A school bus driver's vision must be 20/40 or better; corrective lenses are acceptable.

County Name _____ Employing School District _____

School Bus Driver Name (PRINT) _____ Birth Date _____

1. Is this applicant Diabetic? No / Yes : Controlled by diet and/or oral medication only? Yes
*Is this applicant dependent on insulin by injection? No / Yes
2. **Vision (Snellen Test): Left Eye 20/ _____ Right Eye 20/ _____ Using Both Eyes 20/ _____
Are Corrective Lenses required to drive? No / Yes Comments: _____
3. Hearing Test Results: Acceptable / Not Acceptable Hearing Aid(s) Required Yes / No
Comments _____
4. Deformities or missing limb? No / Yes Specify: _____
5. Seizures (past/present) No / Yes Specify: _____
6. Paralysis (past/present) No / Yes Specify: _____
7. Tuberculosis (past/present) No / Yes Specify: _____
8. Alcohol addiction (past/present) No / Yes Specify: _____
9. Drug addiction (past/present) No / Yes Specify: _____
10. Heart disorder/disease (past/present) No / Yes Specify: _____
11. Normal Loco-motor: No / Yes Specify Limits: _____
12. Arthritis: No / Yes Specify: _____
13. Blood Pressure: _____ / _____ BP within normal limits? Yes / No Controlled by Rx? _____
14. Emotional disorders (past/present): No / Yes Specify: _____
15. List all prescription medications: _____

"I certify that the above information I provided is correct and true to the best of my knowledge."

Signature of Bus Driver Applicant: _____ **Date** _____

Oklahoma Licensed Physician (PRINT Name) _____ M.D. / D.O. / D.C.

Address _____ City _____ Zip _____ Phone _____

"Based on the history provided by applicant, and my medical examination on this date, the above applicant **IS** / **IS NOT** physically and emotionally competent to drive a school bus to haul students."

Signature of Physician: _____ **Date:** _____ **Year:** _____