

FLORIDA DEPARTMENT OF TRANSPORTATION
MEDICAL EXAMINATION REPORT FOR BUS TRANSIT SYSTEM DRIVER

1. DRIVER'S INFORMATION

Driver completes this section.

Driver's Name (Last, First, Middle)

Birthdate

Age

Sex

Preemployment

Date of Exam

//

MM/DD/YY

☐ M

☐ F

☐ Biennial

☐ Follow Up

☐ Return to Duty

//

Address

City, State, Zip Code

Work Tel: () -

Home Tel: () -

Driver License No.

Date Issued

☐ A

☐ B

☐ C

☐ D

☐ Other

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2. HEALTH HISTORY

Driver completes this section indicating any below described illness, medical condition, or injury that currently exists or has occurred. The medical examiner is encouraged to discuss with driver.

YES NO

☐ Head/Brain injuries, disorders or illness

☐ Seizures, epilepsy

☐ Eye disorders or impaired vision (except corrective lenses)

☐ Ear disorders, loss of hearing or balance

☐ Heart disease or heart attack; other cardiovascular condition

☐ Heart surgery (valve replacement/ bypass, angioplasty, pacemaker)

☐ High blood pressure

☐ medication

☐ Muscular disease

☐ Shortness of breath

☐ Lung disease, emphysema, asthma, chronic bronchitis

☐ Kidney disease, dialysis

☐ Liver disease

☐ Digestive problems

☐ Diabetes or elevated blood sugar controlled by:

☐ diet

☐ pills

☐ insulin

☐ Nervous or psychiatric disorders, e.g., severe depression

☐ medication

☐ Loss of, or altered consciousness

☐ Fainting, dizziness

☐ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring

☐ Stoke or paralysis

☐ Missing or impaired hand, arm, foot, leg, finger, toe

☐ Spinal injury or disease

☐ Chronic low back pain

☐ Regular, frequent alcohol use

☐ Narcotic or habit forming drug use

☐ Any illness or injury not described by this section

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and qualification by the Medical Examiner.

Driver's Signature

Date

Medical Examiners Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION

Standard. A person is qualified if that person meets the vision standard established by the State of Florida for a Class A, B, C, or D driver license, as applicable. The use of corrective lenses should be noted by the Medical Examiner.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious.

Numerical readings must be provided.

ACUITY

UNCORRECTED

CORRECTED

Right Eye

20/

20/

Left Eye

20/

20/

Both Eyes

20/

20/

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☐ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☐ Yes ☐ No

Complete next line only if vision testing is done by an Ophthalmologist or Optometrist

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel No.

License No./State of Issue

Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice \geq 5ft., with or without hearing aid, or b) average hearing loss in better ear \leq 40dB

☐ Check if hearing aid used for tests.

☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

Right Ear

Left Ear

Feet

Feet

b) If audiometer is used, record hearing loss in decibels. (acc. To ANSI Z24.3-1951)

Right Ear

Left Ear

500 Hz

1000 Hz

2000 Hz

500 Hz

1000 Hz

2000 Hz

Average:

Average:

5. BLOOD PRESSURE EVALUATION / PULSE RATE

Numerical readings must be recorded.

Blood Pressure

Systolic

Diastolic

Driver qualified if \leq 160/90 on initial exam.

Pulse Rate

☐ Regular

☐ Irregular

On initial exam

Within 3 months

Certify

If 161 - 180 and/or 91 - 104, qualify 3 mos. only.

If \leq 160 and/or 90, qualify for 1 yr. Document Rx & control the 3rd month.

If \leq 160 and/or 90, qualify for 6 mos. Document Rx & control the 3rd month.

Annually if acceptable BP is maintained

Biannually

Medical examiner should take at least 2 readings to confirm blood pressure.

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

URINE SPECIMEN

SPGR

PROTEIN

BLOOD

SUGAR

Diabetes. Pre-employment Medical Examination: If, during a pre-employment examination, it is noted that a driver applicant has a medical history or clinical diagnosis of diabetes mellitus requiring insulin for control, the person shall not be qualified to drive a bus. Biennial Medical Examination: If diabetes is noted for an existing driver at the time of his or her examination, excluding pre-employment, and the diabetic condition is stabilized or controlled by insulin, oral medication and/or diet that can be obtained while the driver is on duty, then the driver may be qualified. Notwithstanding, the driver must remain under medical supervision as determined by the medical examiner. Other Testing (Describe and record)

7. PHYSICAL EXAMINATION

Height: (in.) Weight: (lbs.)

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 the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a bus safely. Enter applicable item number below each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

BODY SYSTEM

CHECK FOR:

YES

NO

BODY SYSTEM

CHECK FOR:

YES

NO

1. General Appearance

Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.

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7. Abdomen and Viscera

Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.

☐

☐

2. Eyes

Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.

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8. Vascular system

Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.

☐

☐

3. Ears

Middle ear disease, occlusion of external canal, perforated eardrums

☐

☐

9. Genito-urinary system

Hernias.

☐

☐

4. Mouth and Throat

Irremediable deformities likely to interfere with breathing or swallowing

☐

☐

10. Extremities-Limb impaired

Loss of impairment of leg, foot, toe, arm, hand, finger. Perceptible limb, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.

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☐

5. Heart

Murmurs, extra sounds, enlarged heart, pacemaker

☐

☐

11. Spine, other musculoskeletal

Previous surgery, deformities, limitation of motion, tenderness.

☐

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6. Lungs and chest, not including breast examination.

Abnormal chest wall expansion, abnormal respiratory rates, abnormal breath sounds including wheezes or alveolar rates, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.

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12. Neurological

Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.

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☐

COMMENTS:

Note certification status below and on the Medical Examination Certificate. See Instructions to the Medical Examiner and qualification criteria for guidance.

☐ Meets standards (Re-examine in 2 years)

☐ Wearing corrective lenses

☐ Does not meet standards

☐ Wearing hearing aid

☐ Meets standards, but periodic evaluation required.

Due to

driver qualified only for:

☐ 3 months

☐ 6 months

☐ 1 year

☐ Other

Temporarily disqualified due to (condition or medication):

Return to medical examiner's office for follow up on:

Please provide a completed Medical Examination Certificate to the driver's employer in accordance with 14-90.0041.

Medical Examiner's Signature:

Medical Examiner's Name (print):

☐ MD

☐ DO

☐ Physician Assistant

☐ Advanced Registered Nurse Practitioner

Address:

Telephone Number:

Driver may request a copy of his/her completed Medical Examination Report from the medical examiner.