MEDICAL INFORMATION
ACTIVITY TRIP/SMALL VEHICLE OPERATORS

OPERATORS NAME	WORK PHONE ( )	BIRTH DATE	STATUS ☐ New Operator ☐ Re-Certification

SCHOOL OR DEPARTMENT	SCHOOL CONTACT PHONE ( )	SCHOOL CONTACT NAME

DO YOU CURRENTLY HAVE ANY OF THESE CONDITIONS?

YES	NO	
☐	☐	**Head/brain injuries or disorders**
☐	☐	**Seizures, epilepsy** ☐ **Medication** _____
☐	☐	**Eye disorders or impaired vision including corrective lenses**
☐	☐	**Ear disorders, loss of hearing or balance including hearing correction device**
☐	☐	**Heart disease or heart attack, other cardiovascular condition** ☐ **Medication** _____
☐	☐	**Heart surgery (valve replacement, bypass, angioplasty, pacemaker)**
☐	☐	**High blood pressure (DOT standards)** ☐ **Medication** _____
☐	☐	**Muscular disease**
☐	☐	**Shortness of breath**
☐	☐	**Lung disease, emphysema, asthma, chronic bronchitis**
☐	☐	**Kidney disease**
☐	☐	**Severe digestive problems**

YES	NO	
☐	☐	**Diabetes or elevated blood sugar controlled by:** ☐ **diet** ☐ **pills** ☐ **insulin**
☐	☐	**Nervous or psychiatric disorders, e.g., severe depression** ☐ **Medication** _____
☐	☐	**Loss or altered consciousness**
☐	☐	**Fainting, dizziness**
☐	☐	**Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring**
☐	☐	**Stroke or paralysis**
☐	☐	**Chronic low back pain**
☐	☐	**Regular, frequent alcohol use**
☐	☐	**Narcotic or habit forming drug use**
☐	☐	**Other conditions that could affect driving ability:** _____ _____

For any Yes answer, indicate onset date, diagnosis, and any current limitation. List any medications (including over-the-counter medications) used regularly. A Yes answer shall require a doctor's release to drive a district vehicle.

I certify that the above information was provided voluntarily and is complete and true. I understand that failure to accurately complete this form will exclude me from driving a district vehicle while transporting students.

Operator Signature _____ **Date** _____

Transportation Official _____ **Title** _____

District Name _____

STU-17 (7/09)