



Multifunction/Small Vehicle Operators Medical Information Form

Per 1 CCR 301.26, 4204-R-5.02(d) The operator shall annually complete the CDE Multifunction/Small Vehicle Operators Medical Information form (STU-17). Any yes annotations shall require a physician's release.

Operator Name _____ New Operator ☐ Yes ☐ No
District/Contractor _____ District Phone # _____
Operator Email _____ Contact Phone# _____

Do you currently have any of the following conditions?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Head/Brain injuries or disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures/Epilepsy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Disorders or Impaired Vision (except corrective lens)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Disorders or Loss of Balance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease/Heart Attack or other Cardiovascular Condition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Surgery (Valve replacement, bypass, angioplasty, pacemaker)
<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure (DOT standards)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscular Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung Disease, Emphysema, Asthma, Chronic Bronchitis
<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe Digestive Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes or Elevated Blood Sugar
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nervous or Psychiatric Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe Depression
<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss or altered consciousness
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting/Dizziness
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke or Paralysis
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Low Back Pain
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep Disorder/Apnea/Daytime/Sleepiness/Loud Snoring
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other - Please explain

If you indicated "yes" on any of the above listed questions, a physician's release is required and shall be maintained in a district file, prior to transporting students in a school transportation 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 school transportation vehicle while transporting students.

Operator Signature _____ Date _____
Transportation Official _____ Date _____

