

## Multifunction/Small Vehicle Operators Medical Information Form 2021-2022

Per 1 CCR 301.26, 4204-R-5.03(f) 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.

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

Operator Name \_\_\_\_\_ New Operator \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
District/Contractor \_\_\_\_\_ District Phone # \_\_\_\_\_  
Operator Email \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Do you currently have any of the following conditions?

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

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 \_\_\_\_\_

STU-17 Maintained in the Small Vehicle Operator Qualification File 5.03(f)

