

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 Nam	ne	New OperatorYesNo
District/Contractor_		District Phone #
Operator Ema	ail	Contact Phone#
Do you currer	ntly 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 correctivelens)
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/LoudSnoring
Yes	No	Other - Please explain
		e information was provided voluntarily and is complete and true. I understand that failure to accurately exclude me from driving a school transportation vehicle while transporting students.
Operator Sign	ature	Date
Transportatio	n Official	Date

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

