



**Maine School Administrative District No. 75**  
**INSTRUCTION SHEET**  
**Physical Examination Form for School Bus Driver License Endorsement**

**Companion Documents:**

1. *Maine School Administrative District No. 75 School Bus Driver Physical Exam Form*
2. *Federal Motor Carrier Safety Regulations- Medical Advisory Criteria under Part 391.41 (reference)*
3. *Criteria Used to Evaluate the Physical Qualifications for an Insulin-Controlled Diabetic Driver*
4. *Certification Form for Insulin-Controlled Diabetic Driver*

The applicant is urged to print and provide the medical examiner with the *Maine School Administrative District No. 75 School Bus Driver exam form*. If the applicant has insulin-controlled diabetes, the *Criteria* and *Certification Form* must be supplied to the medical examiner at the time of the exam. Here is a link to the document:

<http://link75.org/district/departments/transportation> or if you need a copy please see the Transportation Department office at 6 Eagles Way, Topsham Maine, 04086 or call 207-729-1608 x202.

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**Applicant Instruction:** Complete **ALL** of **Section 1** (print clearly), sign and date the form. Unanswered or incomplete responses will trigger rejection of the physical. If you are applying for school bus endorsement for the first time, the physical examination must be conducted and the form must be signed and dated by the medical prior to submission of the form to Maine School Administrative District No. 75, Transportation Department.

**Examiner's Instruction:** The examiner must complete all items in **Sections 2 through 7** (please print clearly and use laymen's terms). Unanswered or incomplete responses will trigger rejection of the physical.

**Important note to medical examiner:** A school bus driver does more than drive a bus. Other safety sensitive performance responsibilities include student management; incident control; bus evacuation with ambulatory students; bus evacuation with injured students and/or students with special needs who require additional assistance and/or lifting; bus pre-trip and post-trip inspections; and bus cleaning (including lights and windows). Please keep this in mind when evaluating the applicant's physical ability to meet school bus driver responsibilities.

**Diabetic Applicants**

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- If the applicant has Type II diabetes and is regulated with diet, exercise, and/or oral medication, there is no need to provide additional information other than to check the appropriate box(es) on the Physical Examination Form.

If the diabetes is insulin-controlled, refer to the *Criteria Used to Evaluate the Physical Qualifications for an Insulin-Controlled Diabetic Driver*, then complete and sign the *Certification Form for Insulin-Controlled Diabetic Driver* and attach the documents indicated on the bottom of that form. If the applicant has not provided you with these documents, see Companion Documents above to obtain them.

**Vision Examination**

- Visual acuity may be performed by either a licensed physician or a licensed optometrist.
- If the applicant wears corrective lenses, please test and record the applicant's acuity both with and without corrective lenses and mark the results on the exam form accordingly.

- The standard visual acuity is at least 20/40 in one eye and 20/60 in the other – with or without correction.
- Standard field of vision: minimum of 70° in horizontal meridian in each eye and a total of at least 140° in both eyes.
- 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 ration with 20 as numerator and the smallest type read at 20 feet as a 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. Monocular drivers are not qualified for school bus endorsement.

**Hearing Exam** - Standard for hearing: a) must first perceive forced whisper voice greater than or equal to 5' with or without hearing aid, or b) average hearing loss in better ear less than or equal to 40 dB. **INSTRUCTIONS:** To convert audiometric test results from ISO to ANSI, subtract 14 dB from ISO for 500 Hz, subtract 10 dB for from ISO for 1000 Hz, subtract 8.5 dB from ISO for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

**Lung Disease Indicated** - Chest x-ray or intradermal tuberculin test is required only if possible lung disease is indicated. Tuberculin test may be substituted.

**Instructions: July 2, 2018**

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