



MISSOURI DEPARTMENT OF REVENUE
 CUSTOMER ASSISTANCE BUREAU
 MEDICAL EXAMINATION FOR SCHOOL BUS OPERATOR'S PERMIT

FORM
3056
 (REV. 4-04)

PLEASE TYPE OR PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____

STREET ADDRESS _____ SEX M F

CITY, STATE, ZIP CODE _____ DRIVER LICENSE NUMBER _____ STATE _____

COLOR VISION DEFICIENCY? YES NO

DO YOU WEAR CONTACT LENSES YES NO

IF LENSES WORN DURING VISION TEST, RECORD IN CORRECTED BOX.

ACUITY	LEFT	RIGHT	BOTH	ACUITY	LEFT	RIGHT	BOTH	ACUITY	LEFT	RIGHT	BOTH
NO AID	20/	20/	20/	COR-RECTED	20/	20/	20/	FIELD			

IF THE VISION SPECIALIST COMPLETING THE EXAMINATION IS DIFFERENT THAN THE MEDICAL EXAMINER COMPLETING THE REMAINING PART OF THIS FORM, PLEASE SIGN.

PRINTED VISION SPECIALIST'S NAME _____ VISION SPECIALIST'S SIGNATURE _____ DATE OF EXAMINATION _____ MEDICAL LICENSE NUMBER _____

ADDRESS INCLUDING CITY, STATE, ZIP CODE _____ OFFICE TELEPHONE NUMBER () _____

LEFT EAR _____ RIGHT EAR _____

DISEASE OR INJURY _____ HEARING AID YES NO

AUDIOMETRIC TEST (COMPLETE ONLY IF AUDIOMETER IS USED) DESCRIBE LOSS AT:

500 HZ	LEFT	RIGHT	1,000 HZ	LEFT	RIGHT	2,000 HZ	LEFT	RIGHT

IF THE MEDICAL EXAMINER COMPLETING THE HEARING EXAMINATION IS DIFFERENT THAN THE MEDICAL EXAMINER COMPLETING THE REMAINING PART OF THIS FORM, PLEASE SIGN.

PRINTED MEDICAL EXAMINER'S NAME _____ MEDICAL EXAMINER'S SIGNATURE _____ DATE OF EXAMINATION _____ MEDICAL LICENSE NUMBER _____

ADDRESS INCLUDING CITY, STATE, ZIP CODE _____ OFFICE TELEPHONE NUMBER () _____

HEAD OR SPINAL INJURIES	YES <input type="checkbox"/>	NO <input type="checkbox"/>		ACTIVE TUBERCULOSIS TEST	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SEIZURES, FITS, FAINTING, CONVULSIONS OR DIZZINESS	<input type="checkbox"/>	<input type="checkbox"/>		CURRENT COMMUNICABLE DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
CARDIOVASCULAR DISEASE	<input type="checkbox"/>	<input type="checkbox"/>		LESS THAN NORMAL USE OF ARMS, HANDS, LEGS AND FEET	<input type="checkbox"/>	<input type="checkbox"/>
NEUROLOGICAL OR MENTAL DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>		EVIDENCE - ALCOHOL/DRUG USE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>		IS APPLICANT ON SEDATIVE DRUGS/BLOOD PRESSURE MEDICATION?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ANY CONDITIONS INDICATED ABOVE. _____

ANY NOTABLE PROBLEMS WITH BLOOD PRESSURE? YES NO

BLOOD PRESSURE SYSTOLIC: _____ DIASTOLIC: _____ URINALYSIS _____ SUGAR: _____ ALBUMIN: _____

LUNGS _____ HEART _____

NOSE AND THROAT _____

COMMENTS ON ABNORMAL FINDINGS: _____

I CERTIFY I HAVE EXAMINED THE INDIVIDUAL NAMED ABOVE AND FIND THAT THIS PERSON IS IS NOT PHYSICALLY QUALIFIED TO SAFELY OPERATE A SCHOOL BUS.

PRINTED MEDICAL EXAMINER'S NAME _____ MEDICAL EXAMINER'S SIGNATURE _____ DATE OF EXAMINATION _____ MEDICAL LICENSE NUMBER _____

ADDRESS INCLUDING CITY, STATE, ZIP CODE _____ OFFICE TELEPHONE NUMBER () _____

IMPORTANT: PLEASE READ BEFORE COMPLETING THE MEDICAL FORM

REVISIONS TO THE INSTRUCTIONS FOR STATE SCHOOL BUS DRIVERS

A SCHOOL BUS DRIVER SHALL:

1. Be in good physical and mental health,
2. Be free from communicable diseases,
3. Have normal use of both arms, hands, legs and feet,
4. Have at least 20/40 vision in either eye, with correction if necessary,
5. Be able to distinguish the colors of red, green and yellow,
6. First perceive a forced whispered voice in the better ear at not less than five (5) feet with or without the use of a hearing aid, or if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951, and
7. Refrain from driving under the influence of intoxicants, narcotics or drugs.

The medical examiner should review these instructions before performing the medical examination. Answer each question. The medical examiner must be licensed in medicine or osteopathy and is required to certify that the applicant does not have any physical, mental, or organic defect of such a nature as to affect his or her ability to safely operate a school bus.

Eyes - Test applicant's visual acuity with and without corrective lenses, as applicable. In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note color blindness or other defects which would impair ability to safely operate a school bus.

Ears - When recording hearing, record distance at which whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, 2,000 Hz. Note whether hearing aid is utilized during testing and any disease or injury which would affect ability to safely operate a school bus.

Health History - History of certain defects may be cause for rejection or may indicate further examination is required. Any health history item to which the response is positive, should be discussed with the applicant and described in the "Comment" portion of the examination.

Existing Conditions - Certain existing conditions would be cause for rejection. Review the criteria outlined above to determine which existing conditions would result in rejection. Note any physical signs of drug or alcohol use or use of any medication which would impair ability to safely operate a school bus.

Blood Pressure - Record blood pressure, if blood pressure is abnormal, make comments as appropriate.

Urinalysis - Urinalysis is required to test for sugar and albumin. Note any abnormalities requiring additional testing or which would affect safe operation of a school bus.

Lungs - Note confirmed shortness of breath, audible wheezing, or other condition(s) that would affect safe operation of a school bus.

Heart - Stethoscopic examination is required. Note murmurs and arrhythmias, signs of cardiovascular disease or other defects that would affect safe operation of a school bus.

Nose and Throat - Note any evidence of disease or deformity likely to interfere with breathing or any other condition that would interfere with the safe operation of a school bus.

The medical examiner must sign, date, provide address, telephone number and medical license number as indicated on the medical examination form.

Please send this completed medical examination to:
Customer Assistance Bureau
PO Box 200
Jefferson City MO 65105-0200

Telephone: (573) 751-3680
Fax: (573) 751-0466
Web: www.dor.mo.gov