



54 Hospital Drive, Suite 102  
 Osage Beach, MO 65065  
 Phone: (573) 348-8045 Fax: (573) 348-8046  
 Email: [occmmed@lakeregional.com](mailto:occmmed@lakeregional.com)  
[www.lakeregional.com/occmmed](http://www.lakeregional.com/occmmed)

**BUS PHYSICAL**

Applicants Name:	DOB:	School Name
Address:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Health History	Yes	No	Existing Conditions	Yes	No
Head or Spinal Injuries	<input type="checkbox"/>	<input type="checkbox"/>	Active Tuberculosis Test	<input type="checkbox"/>	<input type="checkbox"/>
Seizures Fits, Fainting, Convulsions or Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Current Communicable Disease	<input type="checkbox"/>	<input type="checkbox"/>
Neurological or Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Less than normal use of arms, hands, legs or feet	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of Alcohol/Drug Use	<input type="checkbox"/>	<input type="checkbox"/>
			Is applicant on sedative drugs/blood pressure medication	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>

If Yes on any of the above please provide detailed explanations:  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize release of my medical history to the Bureau of Motor Vehicle, the Dept. of Education, and my employer for the purpose of verifying my medical eligibility for school bus driver license endorsement.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Vision Examination**

Color Vision Deficiency?	Yes	No	If Lens/Lenses worn during vision test, recorded in corrected box													
			No Aid	Left	Right	Both	Corrected	Left	Right	Both	Field	Left	Right	Both		
Do you wear corrective lenses?	<input type="checkbox"/>	<input type="checkbox"/>	20'	20'	20'		20'	20'	20'							

**Hearing Examination**

Whisper Test	Left Ear	Right Ear	Use of Hearing Aids
	_____ Feet	_____ Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
500 HZ	Left _____ Right _____	1,000 HZ	Left _____ Right _____
		2,000 HZ	Left _____ Right _____

**Vitals**

Weight: \_\_\_\_\_ Lbs      Height: \_\_\_\_\_ Inches      Pulse Rate: \_\_\_\_\_ Regularity: \_\_\_\_\_  
 Blood Pressure:    Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_      Urinalysis:    Sugar: \_\_\_\_\_ Protein: \_\_\_\_\_

**Physical Examination**

Heart Rhythm: Regular Rate & Rhythm  Yes  No      Heart Murmur  Yes  No  
 Abnormal Heart Sounds  Yes  No      Enlargement Indicated  Yes  No

Lungs: Clear  Yes  No      Rhonchi:  Yes  No      Wheeze:  Yes  No

HEENT:  
 TM Clear (R)  (L)   
 Perforated:    
 Infected:    
 Oropharynx: Clear  Infected  Mass

Evaluation of Extremities: Adequate Grip  Yes  No    Pull  Yes  No    Steps  Yes  No    Using Pedals  Yes  No  
 Evaluation of Back: Tender  Yes  No    Scoliosis  Yes  No    Good ROM  Yes  No

After examination, I find the Applicant \_\_\_\_\_  
 is  is not free from ailment, disease, or defect that might affect his/her ability to safely perform the duties of a school bus driver.