

SCHOOL DISTRICT OF WAUPACA

SERIES 700 SUPPORT SERVICES

CODE: 541.61R1

BUS DRIVER MEDICAL EXAMINATION FORM

See following form.

ADOPTED:
REVISED:
REVIEWED: 121493

LEGAL REFERENCE:

CONTRACT REFERENCE:

CROSS REFERENCE:

School District of Waupaca is an Equal Opportunity Employer
Page 1 of 1

MEDICAL EXAMINATION REPORT for Commercial Driver Licensing Endorsements

MV3030B 892

Wisconsin Department of Transportation
 Medical/Alcohol Review Section
 P.O. Box 7918, Madison, WI 53707-7918

Operator's License Number			
Applicant's Name		Date of Birth	Area Code & Phone Number
Street Address		City	Zip Code
		Application Held At:	
Date	Driver's License Examiner	Number	Application For Special Endorsements
		<input type="checkbox"/> P - Passenger <input type="checkbox"/> S - School Bus	
Employer's Name			
Employer's Street Address		City	State
		Zip Code	Area Code & Phone Number

Notice to Applicant: Pursuant to Trans 112, Wis. Admin. Rules (copy available upon request), this report is to be completed prior to consideration for licensing. This report will not be made available to the public without your written authorization naming the person(s) you designate to receive this information. Payment for the medical examination and preparation of the physician's report is your responsibility. Please complete Section "A."
 For "S" endorsements only, take this form to your physician for completion of Section "B."

SECTION A: TO BE COMPLETED BY APPLICANT

HEALTH HISTORY: Check No or Yes. Explain all Yes answers on lines below.

- NO YES Have you experienced or been treated for:
- 1. Alcohol or other drug abuse or dependency during the past 2 years?
 - 2. Heart disease?
 - 3. Hypertension (high blood pressure)?
 - 4. Blood vessel disease or disorder other than varicose veins?
 - 5. Stroke or brain injury?
 - 6. Mental/emotional condition within the past 12 months?
 - 7. Diabetes Mellitus or other metabolic disease such as thyroid disease, pituitary insufficiency, etc.?
 - 8. Amputation or other physical condition which affects use of arms, hands, legs or feet within the past two years?
 - 9. Lung disease or breathing problems (asthma, emphysema, pulmonary tuberculosis, etc.)?
 - 10. Episode of altered consciousness or loss of bodily control (epilepsy, seizure, convulsion) within the past 5 years?
- 10a. If yes, then please give date of last episode _____

11. Describe other illnesses, injuries or disabilities

12. Are you taking any medication?

No Yes - Provide name(s) of medication(s), frequency and reason

I certify that the answers and statements made on this report are true and correct. I authorize the examining physician release full details of an examination upon request to my employer, the School Board and the Wisconsin Department Transportation.

X _____ (Signature of Applicant) _____ (Date)

