

GBE-E

MEDICAL EXAMINATION OF SCHOOL EMPLOYEES

This is to certify I have examined _____ and find him/her free of communicable disease and any physical or mental disabilities that might interfere with performing his or her duties, *except* as follows:



TB Test Results:

Date of Test:

, M.D.

Date of Examination

Signature



(To be used by drivers employed by the School Department -- Not for contracted drivers)

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
JAMES H HAYS SAFETY BUILDING
HAZEN DRIVE, CONCORD, N.H. 03305

SCHOOL BUS DRIVER PHYSICAL EXAMINATION FORM

Name

Address

Have you ever had: Heart trouble?

Epilepsy?

Fainting spells?

Diabetes?

Tuberculosis?

If "Yes" to any of the above , explain:

Signature of driver:

Date:

Visual acuity (if individual wears glasses, test and record acuity with and without glasses.)

Without glasses	R 20/	L 20/	B 20/
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With glasses	R 20/	L 20/	B 20/
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Field of vision	degrees	Depth perception
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Color perception	Muscular anomalies
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Hearing without hearing aid:	Right	Left
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Heart sounds: At apex murmur	At base murmur
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Rhythm	Enlargement Indicated
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Pulse Rate	Regularity
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Blood pressure: Systolic	Diastolic
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Condition of arteries: Sclerosis	Pulsations
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Lungs: Rales	Breath Sounds	Chest X-Ray
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Weight	Height
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Extremities: Deformities

Routine office urinalysis:

Evidence of infectious disease, mental disability, emotional instability, or drug addiction:

Remarks regarding any condition not within normal limits:

After examination, I find that _____ is ρ is not ρ free from any ailment, disease or defect that might affect his or her ability to safely operate a school bus.

Licensed Physician

Date

Adoption Date: April 8, 1993

School Board Review: April 9, 2009

