

DELAWARE SCHOOL BUS AIDE PHYSICAL EXAMINATION

Date: _____ Annual Physical First Time Physical (Tuberculin Test Required)

Print Name: _____
Last First M.I. Driver License No. State

Current Address: _____
Street Birth Date

City State Zip Phone Number () _____

Part I MEDICAL HISTORY

(To be completed by applicant prior to physical examination)

No	Illness, Disability, Etc	Yes	If Yes, Give Diagnosis, Frequency, Extent and Severity	Date
	Neurological condition			
	Seizure or other alteration of consciousness			
	Head or spinal injury or illness			
	Psychiatric disorder			
	Acute or chronic eye disease			
	Chronic lung or respiratory disease			
	Tuberculosis			
	Cardiovascular disease			
	High blood pressure			
	Gastrointestinal disorder			
	Diabetes			
	Asthma or other severe allergies			
	Impairment or limitation of use of limbs			
	Kidney disease			
	Present medications			
	Recent weight loss or weight gain			
	Other			

I certify that all the above information is true and correct: Applicant _____ Physician Review _____

Part II PHYSICAL EXAMINATION

The purpose of the physical examination is to detect the presence of physical and/or mental defects of such a character and extent as to affect the applicant's ability to safely perform the required duties of a school bus aide in normal and/or emergency circumstances. (The aide's duties are listed on the next page.) Defects may be recorded, which do not, because of their character or degree, indicate that a certificate of physical fitness be denied. The TB screening is required every 5 years.

General Appearance _____ Height _____ Weight _____

VISION: (Distance) Right 20/ _____ Left 20/ _____ Without Glasses _____ With Glasses _____

Color Vision _____ Horizontal Field of Vision _____ Right _____ ° Left _____ °

HEARING: (Twenty feet) Right Ear _____ /20 Left Ear _____ /20 Disease or Injury _____

THORAX: Heart (Murmurs) _____ Lungs _____

Blood Pressure _____ / _____ (Sitting) Pulse: Before exercise _____ Two minutes after exercise _____ (Rate & Rhythm)

ABDOMEN: Abnormal masses _____ Tenderness _____ Hernia: Yes _____ No _____ Where? _____

REFLEXES: Upper Extremities: Normal _____ Abnormal _____ Lower Extremities: Normal _____ Abnormal _____

EXTREMITIES (Limitations) :Upper _____ Lower _____ Spine _____

LABORATORY FINDINGS: (Urine) Spec. Gr. _____ Albumin _____ Sugar _____ Tuberculin Test _____
Date/Result

(OVER)