Delaware School Bus Driver Medical Waiver

Date:			
Name:			
Last	First	M.I.	
Current Address:			
	Street		

City	/	State	ZIP
Drivers License:		_	
License No.	State		
hone Number with area code: Birth Date (MM/DD/YY):			
 a. Diabetes mellitus requiring use of b. Myocardial infarction, angina pe c. Any other form of cardiovascular consciousness, collapse, or consciousness. 	ctoris, coronary insufficiency r disease, including hyperter	r. nsion, with syncop	oe, dyspnea, loss of
Medical Examiner*			
Date:			
Name:			
Last	First		M.I.
Licence or Cartificate No.			-
License or Certificate No:	Signature of Medical Examiner		

* Doctors of medicine, doctors of osteopathy, physician assistants, and advance practice nurses.