## **Deerfield Community School District**

### **Excellence and Equity in Education**



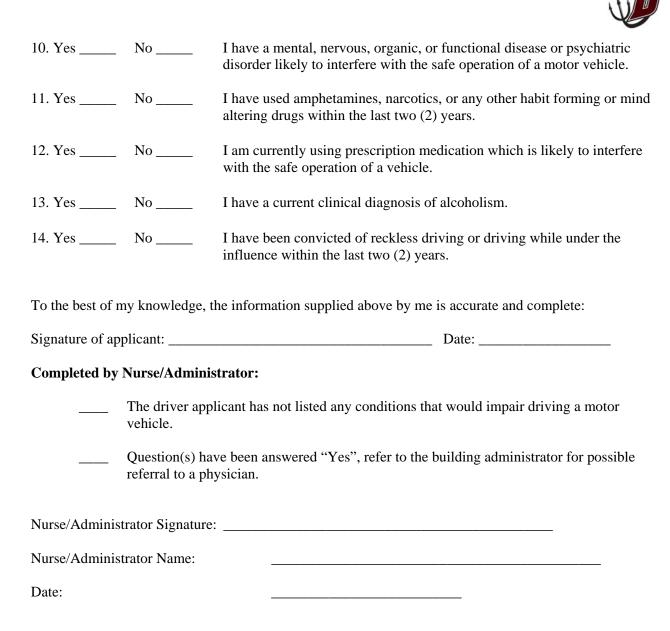
# Appendix P(3) Driver Physical Questionnaire Required Every 3 Years

The following physical exam questionnaire must be completed every three years by any contracted district employee transporting students. If any of the items covered in this questionnaire cannot be passed by the prospective driver, the driver shall be referred to a physician for further examination.

Name of Drive	r:	
Birthdate of Dr	river:/	_/
To be complete	ed by applicant:	
1. Yes	No	I have insufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator
2. Yes	No	I have had my eyes examined by either the motor vehicle department or a private physician for my driver's license renewal and have restrictions that prevent my operation of a motor vehicle
3. Yes	No	I have difficulty hearing, with or without a hearing aid a forced whisper voice at 5 feet.
4. Yes	No	I have an established history or clinical diagnosis of diabetes mellitus currently requiring any hypoglycemic agent for control.
5. Yes	No	I have a current diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease or a variety known to be accompanied by syncope, collapse, or congestive cardiac failure.
6. Yes	No	I have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely.
7. Yes	No	I have a clinical diagnosis of high blood pressure likely to interfere with the safe operation of a motor vehicle.
8. Yes	No	I have an established medial history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with the safe control and operation of a motor vehicle.
9. Yes	No	I have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle safely.

### **Deerfield Community School District**

#### **Excellence and Equity in Education**



Original – To Business Manager