Human Performance Group Chairman's Factual Report

Gray Summit, Missouri
HWY-10-MH-018

Attachment 14: 2003 Bluebird Driver Annual Physical Examination for School Bus Drivers

(2 pages)

ANNUAL PHYSICAL EXAMINATION FOR SCHOOL BUS DRIVERS

NOTE TO DRIVERS/SCHOOL OFFICIALS: THIS FORM IS VALID FOR INITIAL SCHOOL BUS PERMIT ISSUANCE FOR 60 DAYS FROM DATE OF PHYSICAL EXAMINATION AND IS VALID FOR 12 MONTHS FOR SCHOOL BUS PERMIT RENEWAL

PLEASE TYPE OR PRINT

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
Shackelford	Katherine	P.	[redacted]

SEX: ☐ M ☒ F

STREET ADDRESS: [redacted]

CITY, STATE, ZIP CODE: [redacted]

DRIVER'S LICENSE NUMBER: [redacted] STATE: MO

VISION EXAMINATION

COLOR VISION DEFICIENCY? ☒ YES ☐ NO

DO YOU WEAR CONTACT LENSES ☐ YES ☒ NO

IF LENS/LENSES WORN DURING VISION TEST, RECORD IN CORRECTED BOX.											
ACUITY	LEFT	RIGHT	BOTH	ACUITY	LEFT	RIGHT	BOTH	ACUITY	LEFT	RIGHT	BOTH
NO AID	20/	20/	20/	CORRECTED	20/25	20/30	20/25	FIELD	120°	120°	140°

IF THE VISION SPECIALIST COMPLETING THE EXAMINATION IS DIFFERENT THAN THE PHYSICIAN COMPLETING THE REMAINING PART OF THIS FORM, PLEASE SIGN.

PRINTED VISION SPECIALIST'S NAME	VISION SPECIALIST'S SIGNATURE	DATE OF EXAMINATION	MEDICAL LICENSE NUMBER

ADDRESS INCLUDING CITY, STATE, ZIP CODE | OFFICE TELEPHONE NUMBER ( )

HEARING EXAMINATION

LEFT EAR E/N | RIGHT EAR E/N | HEARING AID ☐ YES ☒ NO

DISEASE OR INJURY /

AUDIOMETRIC TEST (COMPLETE ONLY IF AUDIOMETER IS USED) DESCRIBE LOSS AT:

500 HZ	LEFT	RIGHT	1,000 HZ	LEFT	RIGHT	2,000 HZ	LEFT	RIGHT

IF THE PHYSICIAN COMPLETING THE HEARING EXAMINATION IS DIFFERENT THAN THE PHYSICIAN COMPLETING THE REMAINING PART OF THIS FORM, PLEASE SIGN.

PRINTED PHYSICIAN'S NAME	PHYSICIAN'S SIGNATURE	DATE OF EXAMINATION	MEDICAL LICENSE NUMBER

ADDRESS INCLUDING CITY, STATE, ZIP CODE | OFFICE TELEPHONE NUMBER ( )

HEALTH HISTORY

	YES	NO
HEAD OR SPINAL INJURIES	☐	☑
SEIZURES, FITS, FAINTING, CONVULSIONS OR DIZZINESS	☐	☑
CARDIOVASCULAR DISEASE	☐	☑
NEUROLOGICAL OR MENTAL DISORDERS	☐	☑
OTHER (MUST BE DETAILED IN EXPLANATION BOX BELOW)	☐	☐

EXPLANATION:

EXISTING CONDITIONS

	YES	NO
ACTIVE TUBERCULOSIS TEST	☐	☑
CURRENT COMMUNICABLE DISEASE	☐	☑
LESS THAN NORMAL USE OF ARMS, HANDS, LEGS AND FEET	☐	☑
EVIDENCE - ALCOHOL/DRUG USE	☐	☑
IS APPLICANT ON SEDATIVE DRUGS/BLOOD PRESSURE MEDICATION?	☐	☑
OTHER (MUST BE DETAILED IN EXPLANATION BOX BELOW)	☐	☐

EXPLANATION:

ANY NOTABLE PROBLEMS WITH BLOOD PRESSURE? ☐ YES ☑ NO

BLOOD PRESSURE SYSTOLIC: 118 DIASTOLIC: 62

URINALYSIS SUGAR: — ALBUMIN: —

LUNGS Clear

HEART E/N

NOSE AND THROAT E/N

COMMENTS ON ABNORMAL FINDINGS: No abnormal findings

I CERTIFY I HAVE EXAMINED THE INDIVIDUAL NAMED ABOVE AND FIND THAT THIS PERSON ☑ IS ☐ IS NOT PHYSICALLY QUALIFIED TO SAFELY OPERATE A SCHOOL BUS.

PRINTED PHYSICIAN'S NAME	PHYSICIAN'S SIGNATURE	DATE OF EXAMINATION	MEDICAL LICENSE NUMBER
Dr. John L. Ellis, D.C.	[redacted]	07-08-2010	[redacted]

ADDRESS INCLUDING CITY, STATE, ZIP CODE: 100 S. Jefferson St. James MO 65559 | OFFICE TELEPHONE NUMBER: (573)2652244