

Human Performance Group Chairman's Factual Report

**Gray Summit, Missouri
HWY-10-MH-018**

**Attachment 19: 2001 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			DATE OF BIRTH
LAST NAME	FIRST	MIDDLE	[REDACTED]
McEnnis-Mullenix	Kelly	Michelle	
STREET ADDRESS			SEX
[REDACTED]			<input type="checkbox"/> M <input checked="" type="checkbox"/> F
CITY, STATE, ZIP CODE		DRIVER'S LICENSE NUMBER	STATE
St. James, MO 65559		[REDACTED]	MO

VISION EXAMINATION														
COLOR VISION DEFICIENCY?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF LENS/LENSES WORN DURING VISION TEST, RECORD IN CORRECTED BOX.											
			ACUITY	LEFT	RIGHT	BOTH	ACUITY	LEFT	RIGHT	BOTH	ACUITY	LEFT	RIGHT	BOTH
DO YOU WEAR CONTACT LENSES	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	NO AID	20/20	20/20	20/20	CORRECTED	20/	20/	20/	FIELD	120°	120°	145°

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					RIGHT EAR				
E/O					E/O				
DISEASE OR INJURY									
Ø									
HEARING AID									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
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	EXISTING CONDITIONS
HEAD OR SPINAL INJURIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SEIZURES, FITS, FAINTING, CONVULSIONS OR DIZZINESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CARDIOVASCULAR DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NEUROLOGICAL OR MENTAL DISORDERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER (MUST BE DETAILED IN EXPLANATION BOX BELOW) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ACTIVE TUBERCULOSIS TEST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CURRENT COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO LESS THAN NORMAL USE OF ARMS, HANDS, LEGS AND FEET <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EVIDENCE - ALCOHOL/DRUG USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS APPLICANT ON SEDATIVE DRUGS/BLOOD PRESSURE MEDICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER (MUST BE DETAILED IN EXPLANATION BOX BELOW) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EXPLANATION:	EXPLANATION:

ANY NOTABLE PROBLEMS WITH BLOOD PRESSURE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
BLOOD PRESSURE	URINALYSIS	SUGAR:	ALBUMIN:
SYSTOLIC: 110 DIASTOLIC: 64		Ø	Ø
LUNGS	HEART		
Clear	Ⓝ Heart Sounds		
NOSE AND THROAT			
E/O			
COMMENTS ON ABNORMAL FINDINGS: None			

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, DC	[REDACTED]	07/19/2010	[REDACTED]
ADDRESS INCLUDING CITY, STATE, ZIP CODE			OFFICE TELEPHONE NUMBER
100 S. Jefferson St., St. James, MO 65559			(573) 265-2244