

**Ohio Department of Education  
School Transportation Driver Medical Examination Form  
T-8 Form Instructions - for use beginning in FY12**

Please type or print clearly in ball point pen and ensure that all copies are legible

**EMPLOYER INSTRUCTIONS:**

Beginning in 2012, the T8 medical form is provided on the ODE pupil transportation webpage. It must be downloaded and copied for each driver. We recommend copying the driver/employer certification and physician certification back-to-back, since they must be attached to each other for either page to be valid as a T8 medical.

These instructions and the form must be used in conjunction with the ODE web-based data entry system. Each employer must provide a paper T-8 form to the physician for the documentation of the school driver physical. Completed T-8s will be returned to the employer, and the results of the physical must be entered into ODE's reporting system.

Physicals for the next school year may be taken beginning on May 1.

Each driver must have passed a physical prior to September 1 of the new school year, and the information must have been entered into the system and officially submitted. Failure to submit that data will result in notification to the employer of a driver's invalid status resulting from non-compliance with OAC 3301-83-06 and 3301-83-07.

**Prior to the Medical Examination:**

Enter the driver/applicant name and date of birth on the top right of the physician's T8 form.

Have the driver/applicant complete Section A on the driver/employer T8 form

Complete Section B on the driver/employer T8 form.

Schedule the examination and advise the driver/applicant of date and time.

Provide the Instructions to medical examiner and the Physician's T8 form and Driver/Employer T8 form to the physician. The two T8 forms must be printed back-to-back or attached to each other to be valid.

If you assess hearing or vision locally, you must complete this prior to the T8 exam and provide documentation to the T8 physician attesting that the driver has passed those items.

**Following the Medical Examination:**

Ensure that the Physician's T8 form is attached to the correct driver/employer T8 form.

Review the form to ensure the physician's signature and results are legible on all pages. A form must be complete and all of the assessments marked as P for the physical to be considered as a valid passing exam.

Ensure that all captions have been completed and are legible on all pages.

When the driver/applicant has

1. Passed the medical examination,  
--THEN--
2. Enter the data in the ODE web-based system.

Special instructions for contractors: You will need to provide a copy of the completed physical to the school district you provide services for. You may also be required to submit a copy of the physical to the department of public safety.

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**MEDICAL EXAMINER INSTRUCTIONS:**

All individuals who operate a school transportation vehicle (buses and vans) in Ohio must pass an annual medical examination. This medical exam is set forth in Ohio Administrative Code 3301-83-07, and must be documented on the Ohio Department of Education T-8 Form.

The Ohio exam is different than a federal DOT exam. Please review the requirements of the Ohio exam as documented on the pages of the T-8 form. Please take a thorough history from the driver candidate as part of this examination.

While Ohio school bus and van drivers are not subject to the Federal Motor Carrier Safety Regulation 391.41, those regulations may be used for guidance to the medical community when evaluating Ohio Drivers. In areas where the guidance or interpretation issued in the FMCSRs does not contradict any portion of OAC 3301-83-07, medical practitioners may refer to the FMCSRs as guidance in their evaluation of drivers for an Ohio T-8 exam. Most notably, the FMCSR interpretations for Cardiovascular [391.41 (b)(4)], Epilepsy [391.41 (b)(8)], and Hearing [(391.41 (b)(11))] should be reviewed.

The physical activities that the Ohio school transportation driver may be required to perform are listed below:

- Operate a school vehicle in normal and adverse driving conditions
- Operate a school vehicle for prolonged periods of time
- Engage in repetitive physical activities using arms and legs
- Conduct extensive pre-trip inspections of the school vehicle
- Assist with loading and unloading of passengers
- Lift and manage special needs and pre-school children
- Manage and secure wheelchairs and other adaptive equipment
- Evacuate passengers in emergency situations

The employer should provide you with a physician's T8 form and a driver/employer T8 form for each driver that you assess. These forms are to be either printed back-to-back or attached to each other. Please conduct the examination and circle P for Pass or F for Fail for each item listed on the physician's T8 form. If the employer assesses hearing or vision locally, you must have documentation from them attesting that the driver has passed that test.

If in your medical opinion additional review is necessary or you need supporting information from another physician who is knowledgeable about the applicant's history, please do not complete the form.

Do not add notations, conditions, or additional qualifications to the T8 document. Those will cause the document to be considered as invalid evidence of a passing physical.

Please complete and sign the pass/fail section on the bottom of the physician's T8 form. Mark the appropriate final result for the individual examined.

If you are unable to obtain supporting documentation as requested in a reasonable time, please mark the physical as incomplete/failed and return it to the employer.

Please return both of the T8 forms directly to the employer. **COMPLETED T8 FORMS MUST BE RETURNED DIRECTLY TO THE EMPLOYER/ESC, AND MAY NOT BE GIVEN TO THE DRIVER CANDIDATE.**

**A. To be Completed by Applicant (Print or Type)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

CDL Number \_\_\_\_\_ State \_\_\_\_\_ CDL Expiration Date \_\_\_\_\_ DOB \_\_\_\_\_

Most Recent Preservice Date: Month \_\_\_\_ Year \_\_\_\_ Preservice Certificate # \_\_\_\_\_

*I hereby release the information on this form to the constituted authorities for evaluation purposes.*

Driver/Applicant Signature: \_\_\_\_\_

**B. To be Completed by Employer (Print or Type)**

School District Name/Contractor Name \_\_\_\_\_

District IRN \_\_\_\_\_ County \_\_\_\_\_ Contractor License Number \_\_\_\_\_

Most Recent District Inservice Date: \_\_\_\_\_

This Individual Will Be Employed to Operate:  School Bus  School Van

Date \_\_\_\_\_ Signature of Bus Owner/Designee \_\_\_\_\_ Printed/Typed Name \_\_\_\_\_

**Special Instructions for Blood Pressure Checks:**

*If the doctor has circled P-90 day on the physical form, the T8 expires in 90 days unless the driver obtains a blood pressure reading at 90 days. This reading must be recorded on the T8 form.*

*An additional blood pressure must be taken at 6 months, recorded on the T8 form and reported to ODE on the web-based reporting system.*

**THIS FORM MUST BE ATTACHED TO THE PHYSICIAN'S T8 FORM TO BE VALID**

Physician's T8 Form

**Form T-8**  
Revised 3/2012

**Ohio Department of Education**  
**School Transportation Driver Medical Form**

Driver: FN \_\_\_\_\_ MI \_\_\_\_\_ LN \_\_\_\_\_  
Date of Birth (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|    |  |   |   |   |
|----|--|---|---|---|
| 1  | Has no loss of a foot, a leg, a hand, or an arm.   | P | F |   |
| 2  | Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm and no other structural defect or limitation which is likely to interfere with a person's ability to control and safely operate a school bus.  | P | F | <input type="checkbox"/> Missing limb waiver required   |
| 3  | Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. ** Annual urinalysis screening for glucose is required. If glucosuria is detected, a physician's statement regarding the potential condition of diabetes mellitus and any required treatment is to be attached.   | P | F | <input type="checkbox"/> Insulin waiver required<br><input type="checkbox"/> Glucosuria Stmt attached   |
| 4  | Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure. A person with a history of cardiovascular surgery or abnormality shall be given a more stringent examination (example: stress testing, Holter monitoring, angiography or other examinations) to determine whether or not the surgery or abnormality is likely to impair a person's ability to control, inspect, and safely operate a school bus. If it is determined the surgery or abnormality is not likely to impair the ability, the examining physician will provide certification to that effect with the examination report. Individuals with an implanted defibrillator may not operate a school transportation vehicle. | P | F | <input type="checkbox"/> Cardiovascular stmt  |
| 5  | Has no history of transient ischemic attack (TIA), carotid insufficiency, cerebral vascular accidents (stroke) or other vascular abnormalities which are unstable or uncontrolled and/or likely to interfere with a person's ability to control and safely operate a school bus.   | P | F |   |
| 6  | Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with a person's ability to control and safely operate a school bus.  | P | F |   |
| 7  | Please record BP in margin where indicated.<br>Blood Pressure at or below 160/90 is passing.<br><br>If initial BP is 161-180 systolic and/or 91-104 diastolic a non-renewable 90 day T-8 may be issued. Blood pressure must be checked again in 90 days and must be at or below 160/90. If not, driver is disqualified. Driver must be checked again within 6 months, and must be at or below 160/90.<br><br>Blood Pressure exceeding 180 systolic or 104 diastolic is failing.  | P |   | Initial reading<br>B/P _____ / _____<br><br>P-90 day<br>90 day reading<br>B/P _____ / _____<br><br>6 month reading<br>Date _____<br>B/P _____ / _____ |
| 8  | Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular or neuromuscular disease which is likely to interfere with a person's ability to control and safely operate a school bus.   | P | F |   |
| 9  | Has no established medical history or clinical diagnosis of epilepsy or any other seizure disorder and has no other condition which is likely to cause loss of consciousness or any loss of a person's ability to control and safely operate a school bus.   | P | F |   |
| 10 | Has no mental, emotional, nervous, organic or functional disease or psychiatric disorder which is likely to interfere with a person's ability to control and safely operate a school bus.  | P | F |   |
| 11 | Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least seventy degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber. Persons may use corrective lenses to attain these standards.  | P | F |   |
| 12 | Screening audiometer test does not indicate an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1000 Hz, and 2000 Hz with or without a hearing aid when the audiometric device is calibrated to "American National Standard" (formerly ASA standard) Z24.5 (Hearing in at least one ear must meet the preceding criteria.)   | P | F |   |
| 13 | Has no current clinical evidence or clinical record of use of illegal substances and has no current clinical evidence or clinical record of use of legally prescribed medication which is likely to interfere with a person's ability to control and safely operate a school bus.  | P | F |   |
| 14 | Has no recent history of alcohol abuse and has no current clinical diagnosis of alcoholism.  | P | F |   |
| 15 | Has no neurologic deficit that would impair a person's ability to control and safely operate a school bus.   | P | F |   |
| 16 | Does not show clinical evidence of active pulmonary tuberculosis or other communicable diseases.   | P | F |   |
| 17 | Has the speech capabilities to give clear and understandable directions or commands.   | P | F |   |

I hereby certify that the above applicant has been examined by me in accordance with the the medical requirements for school transportation drivers as contained on this form. I have also reviewed the physical activities that the school transportation driver/applicant may be required to perform

- Applicant passes unconditionally
- Applicant passes conditionally-missing limb waiver
- Applicant passed conditionally - insulin waiver required
- Applicant does not meet these standards
- Incomplete - does not meet these standards

\_\_\_\_\_  
Date Physician Signature State Board No