



MCESC
Frank DePalma
Superintendent

Van Driver Certificate Request Form

Local districts in Montgomery County please complete this form and return to the ESC for issuance of a one-year certificate for your Van Drivers.

District Requesting Certificate _____

Full Name of Driver _____

Social Security Number _____

Date of Birth ____/____/19____

Yes ____ No ____ Has this person accumulated more than four (4) points against their license in the past three-(3) years from the current date? (Must be completed twice per year.)

The above named applicant has completed the following minimum requirements for certification. Please check all that have been completed.

_____ Person is 18 years of age or older with two (2) years driving experience.

_____ Driver Abstract (attach) must complete again in January

_____ T8V Van Physical (attach) completed after May 1st of current year.

_____ Valid Ohio Driver License (attach copy)

_____ Completed driving performance evaluation.

_____ Has completed two (2) hours annual in-service training.

_____ Complete a four (4) hour Ohio pre-service driver curriculum with certificate (attach). _____ Date Completed.

_____ Date FBI Background Check completed (supply date) If this person is new to the district or completing their 6-year re-certification please provide forms for BCI&I and FBI.

I have read this form and certify that all information is correct.

Signature of Applicant Date

Signature of Transportation Supervisor Date

Signature of Local Superintendent Date

Revised 5/12/09

MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER

200 South Keowee Street Dayton, Ohio 45402 • 937-225-4598 • Fax: 937-496-7426

NEEDED FOR ALL NEW VAN DRIVERS

- 1- COPY OF DRIVER'S LICENSE
 - 2- P-UP T-8V PHYSICAL PACKET & SCHEDULE PHYSICAL
 - 3- P-UP AND READ/STUDY TRAINING BOOKLET
 - 4- REVIEW FILM AND TAKE TEST (should test shortly after film)
 - 5- FINGERPRINTS- letter from Terri Strayer
-

SCHOOL VAN DRIVER: CHECK LIST FOR CERTIFICATION

NAME: _____ SCHOOL YEAR _____

The following are the requirements needed for an individual to drive a school van.

1. Copy of driver's license received. _____
DATE RECEIVED _____
2. Copy of driver abstract received. _____
DATE ABSTRACT RECEIVED _____
3. Need to have a background check with fingerprints _____
DATE OF BACKGROUND CHECK AND FINGERPRINTS _____
DATE RENEWABLE (6 years) _____
4. Need annual physical _____
DATE OF PHYSICAL _____
5. Viewing training video _____
DATE VIEWED _____
6. Complete review questions _____
DATE COMPLETED _____
7. Annual inservice _____
DATE ANNUAL INSERVICE _____

INITIAL LIST: 01/04/2002; REVISED LIST: 06/24/2004

Ohio Department of Education
School Transportation Driver Medical Examination Form
T-8 Form Instructions

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.

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. ** <u>Annual urinalysis screening for glucose is required.</u> 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 <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. <u>A person with a history of cardiovascular surgery or abnormality shall be given a more stringent examination</u> (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. Blood Pressure at or below 160/90 is passing. 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. Blood Pressure exceeding 180 systolic or 104 diastolic is failing.	P		Initial reading B/P ____/____ P-90 day 90 day reading B/P ____/____ 6 month reading Date _____ F 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 _____

This form must be attached to the Driver / Employer T8 form to be valid

Application for Van Driver Certificate

Please complete the following information and sign prior to sending this booklet to the regional Pre-Service Instructor for application of an Ohio School Van Driver Training Certificate:

please print

Driver Name _____
Driver License Number _____
School/Agency Name _____
School Agency Address _____
School Phone (_____) _____

The undersigned driver attests that he/she has:

Viewed training video.

Read and studied workbook.

Completed the answer sheet that is attached to this application.

Driver Signature

Date

The undersigned superintendent (or designee) affirms that each of the following requirements has been met for the above-named driver, and that records are on file to verify same:

Driving performance evaluation and review.

Current BCI&I and FBI criminal background check.

Complete driving record for the driver.

Current T-8 physical for the driver.

Driver is of legal age.

Driver is insured by the district to operate a motor vehicle or has provided proof of insurance.

Superintendent (or Designee) Signature

Date

This form must be returned to the regional Pre-Service Instructor.