

# INSULIN-DEPENDENT DIABETIC WAIVER

**NOTE:** If driver meets the following requirements AND is otherwise deemed by the undersigned medical examiner as physically able to perform the required functions required as a school bus driver, this waiver **MUST** be attached to the Medical Examination Report.

1. **DRIVER'S INFORMATION** : (Must be completed by driver for waiver to be valid.)

- Name: \_\_\_\_\_
- SSN: \_\_\_\_\_
- DOB: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone No: \_\_\_\_\_
- DL No: \_\_\_\_\_

2. **INSULIN-DEPENDENT DIABETES INFORMATION:**  
**NOTE to medical examiner:** If the answer to **ANY** of the following questions is "NO," **DO NOT sign this waiver.**

|    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | YES                      | NO                       |   |
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Do the results of this driver's glycosylated hemoglobin test indicate values between 6.0% and 9.5%, inclusive, on other than an incidental basis and not as a result of a failure to control glucose levels?  |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Within the past three (3) years has this driver completed instruction to address all of the following: diabetes management and driving safety; signs and symptoms of hypoglycemia and hyperglycemia; and what procedures must be followed if complications arise? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Is this driver physically able to perform the required functions, based upon an ANNUAL physical examination, despite insulin dependency?  |

3. **Medical Examiner's Comments on Driver's Control of His/Her Diabetes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF MEDICAL EXAMINER AND TITLE:**

(Must be the same medical examiner who performed all aspects the regular physical examination)

\_\_\_\_\_  
TITLE: DATE:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
TELEPHONE: