

Delaware School Bus Aide Medical Waiver

Date: _____

Name: _____
Last First M.I.

Current Address: _____
Street

_____ *City State ZIP*

Drivers License: _____
License No. State

Phone Number with area code: _____ Birth Date (MM/DD/YY): _____

A medical waiver can be issued for the following medical conditions, if a family physician determines an individual has been free of symptoms or well controlled for one year (please circle which item waiver is being issued for):

- a. Diabetes mellitus requiring use of insulin or any other hypoglycemia medication.
- b. Myocardial infarction, angina pectoris, coronary insufficiency.
- c. Any other form of cardiovascular disease, including hypertension, with syncope, dyspnea, loss of consciousness, collapse, or congestive failure.

Medical Examiner*

Date: _____

Name: _____
Last First M.I.

License or Certificate No: _____
Signature of Medical Examiner

* Doctors of medicine, doctors of osteopathy, physician assistants, and advance practice nurses.