

# Delaware School Bus Driver 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.

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## 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.