



# Medical Form for a School Pupil (7D) Driver Certificate or a School Bus Driver Certificate

Registry of Motor Vehicles • Vehicle Safety & Compliance Services

Mass.Gov/RMV/7D

Schoolbus7Dnotify@dot.state.ma.us OR RMVschoolbus@dot.state.ma.us

**IMPORTANT:** This application must be completed, signed, and dated. Incomplete applications will be returned.

## A. Medical Information and Applicant Signature

I hereby authorize the Licensed Physician, Nurse Practitioner, or Physician Assistant completing this form to discuss and release any or all medical records pertaining to content with/or to representatives of the Registry of Motor Vehicles.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## B. Patient Information Must be completed by a Licensed Physician, Nurse Practitioner, or Physician Assistant (NOT a Chiropractor).

Last Name		First Name	Middle Name	Suffix
Date of Birth (MM/DD/YYYY)	Driver's License #			

- Is the applicant currently diagnosed with having diabetes? .....  Yes  No  
 Is the applicant insulin dependent? .....  Yes  No  
 Has applicant ever had a hypoglycemic episode or spell? .....  Yes  No  
**If "YES" to either above, the applicant must submit a "Diabetes Medical Evaluation Form" completed by a Board Certified or Board eligible medical doctor in Endocrinology.**
- Does the applicant have an **Implanted Cardiac Defibrillator**? .....  Yes  No  
**If "YES" the applicant must submit a "Cardiovascular Medical Evaluation Form" completed by a medical doctor.**
- Distant Visual Acuity (Snellen):** Left eye: (OS)20/ \_\_\_\_\_ Right eye: (OD) 20/ \_\_\_\_\_  
 Does the applicant use corrective lenses for driving? .....  Yes  No  
 (If applicant uses corrective lenses for driving, please specify visual acuity above as corrected with Rx)  
 Is the applicant's combined horizontal field of vision at least 120 degrees? .....  Yes  No  
 Is the applicant able to distinguish the colors red, green, and amber? .....  Yes  No
- Hearing:** Can the applicant perceive a forced **whispered voice** in the better ear at not less than five feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than **40 decibels** at 500Hz, 1000 Hz, and 2000Hz with or without a hearing aid when the audiometric device is calibrated to the American National Standard? .....  Yes  No
- Does the applicant have a **Respiratory Disease/Disorder**? .....  Yes  No  
 If "YES" does the applicant have an O2 saturation rate of greater than 88%, at rest or with minimal exertion, with or without supplemental oxygen? .....  Yes  No
- Is the applicant currently diagnosed with **Epilepsy**? .....  Yes  No
- Does the applicant have any **loss or impairment** of foot, leg, finger, hand, or arm likely to interfere with safe driving? .....  Yes  No
- Does the applicant have any other physical condition likely to interfere with safe driving? .....  Yes  No
- Does the applicant have any **mental, nervous, organic, or functional disease** likely to interfere with safe driving? .....  Yes  No
- Does the applicant have any **contagious or communicable diseases**? .....  Yes  No
- Is the applicant addicted to the use of **narcotics**, or habit-forming **tranquilizers** or **stimulants**, or the excessive use of **alcoholic beverages** or **liquors**? .....  Yes  No
- Please check ONE BOX below:  
 **The patient named above IS medically qualified to operate a school pupil transport vehicle or a school bus and fulfill all of the duties and responsibilities associated with such operation.**  
 **The patient named above IS NOT medically qualified to operate a school pupil transport vehicle or a school bus.**

Additional Comments:

**C. Physician, Nurse Practitioner, or Physician Assistant Information and Attestation**

Massachusetts NPI #			
Last Name		First Name	Middle Name
Phone #	Address Street	City/ Town	Zip Code
Email			

I hereby certify that the information provided herein is true, accurate and complete:

Physician's, Nurse Practitioner's, or Physician Assistant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_