REGISTRY OF MOTOR VEHICLES

School Bus and School Pupil Transport (7D) Operator Diabetes Medical Evaluation Form

Instructions: The form must be completed in its entirety and signed by a licensed endocrinologist. The form must then be submitted in conjunction with a completed 7-D School Pupil Transport Certificate Application.

A. Applicant Information

Last Name	First Name	Middle Name	Suffix

Current Massachusetts Learner's Permit or Driver's License # (if applicable)	Date of Birth (MM/DD/YYYY)	
	/ /	

Residential Address (Where you actually reside)

Street	Apt. #	City	State	Zip Code

Mailing Address ☐ (same as above)

Street	Apt. #	City	State	Zip Code

B. Endocrinologist Instructions To be completed only by a board certified or board eligible endocrinologist

This applicant is applying for a driver's license to drive school pupils in Massachusetts. The applicant either uses insulin to manage her/his diabetes or has had a serious hypoglycemic event in the past. Under the Code of MA Regulations (540 CMR 2.15), people who use insulin or who have not had a serious hypoglycemic event in the last 3 years are eligible to drive school pupils if they meet certain standards. This applicant is asking you to determine whether s/he meets those standards.

For this evaluation, a ***serious hypoglycemic event*** is defined as an episode of hypoglycemia so severe that it interfered with ongoing activities or required the assistance of another person.

Hypoglycemic unawareness is defined as the inability to recognize the early symptoms of hypoglycemia such as sweating, anxiety, forceful heartbeat, light-headedness, and/or confusion.

The applicant's examination is valid for 6 months from the date the examination was performed. Applicants are required to submit a new examination to the Registry of Motor Vehicles or Department of Public Utilities every 6 months from the date the former examination was performed.

1. ☐ I am board-certified in endocrinology OR ☐ I am board-eligible in endocrinology. .....
   If you are neither board-certified nor board-eligible, do not complete this assessment.
2. Date of Applicant's Physical Examination (MM/DD/YY) _____
3. I am familiar with the patient's medical history for the past 3 years, either through actual treatment over that time or through consultation with a physician who has treated the applicant during that time. Review of a complete written medical history for the past 3 years may be substituted for actual consultation with the other physician. . ..... ☐ Yes ☐ No
4. The applicant is diagnosed with *hypoglycemic unawareness*..... ☐ Yes ☐ No
5. If the applicant is on insulin to control her/his diabetes, the insulin regimen is stable as of the date of this examination. ..... ☐ N/A ☐ Yes ☐ No
6. In the past 3 years, the applicant has experienced a serious *hypoglycemic event* or altered consciousness as a result of her/his diabetes. ..... ☐ Yes ☐ No
7. The applicant has complications of diabetes, such as neuropathy, visual impairment, or cognitive impairment that will adversely affect her/his ability to operate a school bus or a school pupil transport vehicle. ..... ☐ Yes ☐ No
8. The applicant has been educated in diabetes and its management by a National Standard for Diabetes Self-Management Education Program. S/he was thoroughly informed of and understands the procedures which must be followed to monitor and manage her/his diabetes and what procedures should be followed if complications arise. ..... ☐ Yes ☐ No

C. Certification and Signature of Applicant and Endocrinologist (application not complete without signature)

The Applicant is required to review and sign below in the presence of the Endocrinologist.

I understand that in order to keep my Massachusetts driver's license or certification to drive school pupils, I must adhere to the following conditions:

- ✓ I will carry, use, and record in a log, the readings from a portable self-monitoring blood-glucose device (SMBG) that is equipped with a computerized memory to store the date and time of each test. Paper tapes generated by SMBGs with printing capability may be kept instead of a driver's log.
- ✓ I understand that blood glucose monitoring must be performed immediately prior to driving a school bus or a school pupil transport vehicle and every 4 hours thereafter while on duty.
- ✓ Log records of blood glucose values (with time and date) must be available to law enforcement or authorized RMV personnel upon request. Log records must also be submitted to my certifying endocrinologist for each renewal application.
- ✓ I will carry upon my person at all times and use, as necessary, a source of rapidly absorbable glucose.
- ✓ I will not operate a school bus or a school pupil transport vehicle unless my blood glucose level is between 80 and 350 immediately before driving;
- ✓ I understand that if my blood glucose level is between 60 and 79 then I cannot drive school children until it falls between 80 and 350.
- ✓ I understand that if my blood glucose level falls below 60, I cannot drive school children until I am certified as "safe to operate" by a Massachusetts board certified or board eligible endocrinologist.
- ✓ I understand that if my blood glucose level is 350 or more, I cannot operate a school bus or school pupil transport vehicle until I am certified as "safe to operate" by a Massachusetts board certified or board eligible endocrinologist.
- ✓ I will report and surrender my 7D School Pupil Certificate immediately to the Registry of Motor Vehicles or the Department of Public Utilities if a *serious hypoglycemic event* occurs.
- ✓ I will submit a glucose log within 15 days of a *serious hypoglycemic event* to the treating endocrinologist.
- ✓ Every 6 months I will review my status with my endocrinologist and will complete a new form indicating that I understand and will adhere to the special conditions of my 7D School Pupil Certificate.

Last Name	First Name	Suffix	Board of Registration in Medicine Number

Address

Street	Apt. #	City	State	Zip Code

NPI #	Email

Applicant's Signature: _____ Date: _____

I attest that have witnessed the signing of this applicant and find, to a reasonable degree of medical certainty, the applicant is safe to operate a vehicle transporting school pupils as outlined in regulation 540 CMR 2.15.

Endocrinologist's Signature: _____ Date: _____