**Section 1035.APPENDIX A School Bus Driver Permit Medical Examiner's Certificate**

**Part A**

**Medical Examiner's Preliminary Certification**

**NOTE:** The medical examiner shall provide one completed and signed certificate to the applicant. A copy of the completed and signed certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant. One copy is to be retained by the medical examiner.

|  |  |
| --- | --- |
| I certify that I have completed Part A of the school bus examination of |  |
|  | on |  | in accordance with |
| the provisions of 92 Ill. Adm. Code 1035.20 and, based upon that examination, find he/she is: |

|  |  |
| --- | --- |
| [ ]  | Qualified under the regulations |
| [ ]  | Qualified only when wearing corrective lenses |
| [ ]  | Qualified only when wearing a hearing aid |
| [ ]  | Not qualified under the regulations |

|  |  |  |
| --- | --- | --- |
| Name of Medical Examiner |  | Professional License Number of Medical Examiner |

**NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY THE APPLICANT. TEST RESULTS MUST BE CERTIFIED IN PART B BEFORE THE APPLICANT CAN BE CONSIDERED QUALIFIED.**

**Part B**

**Final Medical Examiner's Certification**

|  |  |
| --- | --- |
| Date of TB Results: |  |

|  |  |
| --- | --- |
| Date of Drug Test Results: |  |

|  |
| --- |
| I certify that I have completed my examination, including my readings  |
| of the drug and TB test results, for |  |  |
| on |  | in accordance with the provisions of 92 Ill. Adm. |
| Code 1035.20. Based upon the results of drug and TB testing required by 92 Ill. Adm. Code 1035.20(j)(11) and (j)(13) and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, I find that he/she is: |

|  |  |
| --- | --- |
| [ ]  | Qualified under the regulations |
| [ ]  | Not qualified due to positive drug test |
| [ ]  | Not qualified due to positive tuberculosis test |

|  |  |  |
| --- | --- | --- |
| Name of Medical Examiner |  | Professional License Numberof Medical Examiner |

|  |  |  |
| --- | --- | --- |
| Phone Number ofMedical Examiner |  | Signature of Medical Examiner |

|  |  |  |
| --- | --- | --- |
| Fax Number ofMedical Examiner |  | Date of Certification(Date the medical examinerhas received all test results) |

(Source: Added at 40 Ill. Reg. 9646, effective July 1, 2016)