



Multifunction/Small Vehicle Operators Medical Information Form

Per 1 CCR 301.26, 4204-R-5.02(d) The operator shall annually complete the CDE Multifunction/Small Vehicle Operators Medical Information form (STU-17). Any yes annotations shall require a physician's release.

Operator Name _____ New Operator Yes No

District/Contractor _____ District Phone# _____

Operator Email _____ Contact Phone# _____

Do you currently have any of the following conditions?

- Yes No Head/Brain injuries or disorders
- Yes No Seizures/Epilepsy
- Yes No Eye Disorders or Impaired Vision (except corrective lens)
- Yes No Ear Disorders or Loss of Balance
- Yes No Heart Disease/Heart Attack or other Cardiovascular Condition
- Yes No Heart Surgery (Valve replacement, bypass, angioplasty, pacemaker)
- Yes No High Blood Pressure (DOT standards)
- Yes No Muscular Disease
- Yes No Shortness of Breath
- Yes No Lung Disease, Emphysema, Asthma, Chronic Bronchitis
- Yes No Kidney Disease
- Yes No Severe Digestive Problems
- Yes No Diabetes or Elevated Blood Sugar
- Yes No Nervous or Psychiatric Disorders
- Yes No Severe Depression
- Yes No Loss or altered consciousness
- Yes No Fainting/Dizziness
- Yes No Stroke or Paralysis
- Yes No Chronic Low Back Pain
- Yes No Sleep Disorder/Apnea/Daytime/Sleepiness/Loud Snoring
- Yes No Other - Please explain _____

If you indicated "yes" on any of the above listed questions, a physician's release is required and shall be maintained in a district file, prior to transporting students in a school transportation vehicle.

I certify that the above information was provided voluntarily and is complete and true. I understand that failure to accurately complete this form will exclude me from driving a school transportation vehicle while transporting students.

Operator Signature _____ Date _____

Transportation Official _____ Date _____

STU-17 Maintained in the Small Vehicle Operator Qualification File.

