



Department
of Education

Attached are the School Bus Driver Physical Qualification Rules and a Diabetes Waiver Form for you. Detailed information must be attached to the waiver, which is only a checklist. Please review the rule carefully and attach the required details, for example:

- (5) (a) Evidence of a complete medical history as described.
- (b) (i) fasting blood studies
- (b) (ii) a detailed report of insulin dosages, types, etc.
- (c) The individual submits a signed statement prepared by the examining endocrinologist. The statement must include (i), (ii), (iii), (iv), (v), (vi), (vii), and (viii).

It has been determined that optometrists as well as ophthalmologists are eligible to perform the exam in Section III, if the optometrist has a therapeutic pharmaceutical agent's certificate.

Again, to expedite processing, please make sure that all requested information is included with this waiver application and email to:

Jason.heilman@education.ohio.gov or schoolbus@education.ohio.gov

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
(888) 886-0181 (TTY)

**OHIO DEPARTMENT OF EDUCATION
DIVISION OF SCHOOL FINANCE
PUPIL TRANSPORTATION**

**Vital Statistic Information Provided by Applicant for Insulin Waiver
(3301-83-07)**

Please type or print clearly

Name _____

Last

First

Middle Initial

Address _____

Phone (Home) _____ (Work) _____

Sex: Male _____ Female _____

Date of Birth _____ Age _____

Month

Day

Year

List All State Driver License Numbers Held Three Years Immediately Preceding Date of This Application.

Driver License Issuance Date _____ Expiration Date _____

Driver License Classification Code _____

Employer's Address _____

Employer's Telephone Number _____

Number of Years Driving a School Bus _____

Approximate Number of Miles Driving a School Bus _____

Number of Years Driving a Commercial Motor Vehicle (CMV) Other Than a School Bus _____

Approximate Number of Miles of CMV Driving Other than a School Bus _____

**SCHOOL BUS DRIVER
DIABETES WAIVER REQUEST
(3301-83-07)**

Driver Name _____
Home Address _____

School District _____
County of Employment _____

SECTION I - DRIVER QUALIFICATIONNITAL STATISTICS

The information in Section I is to be completed by the applicant driver. For any items checked "YES", please provide an explanation in the space provided below.

Attach a copy of your valid CDL License and a complete **driver record check**.
Be sure to sign and date at the end of SECTION I.

YES NO

___ ___ SUSPENSION/REVOICATION (D)(3) (b)(i)*

___ ___ REPORTABLE ACCIDENT (D)(3)(b)(ii)*

___ ___ SERIOUS TRAFFIC VIOLATION(D)(3)(B)(iii)*

Please explain/describe any current violations (within last 36 months).

In signing and submitting this document, I hereby certify that I have read, understand and will adhere to all rules and requirements pertinent to the diabetic waiver as administered by the Ohio Department of Education. I understand that my waiver may be revoked for a failure to adhere to any or all of the rules and requirements, and under no circumstance will I be afforded an appeal to such revocation.

Applicant Signature: _____

Date: _____

* Rule part

SECTION II - DRIVER MEDICAL HISTORY

This section is to be completed by a licensed endocrinologist. The endocrinologist must provide copies of the items listed in this section. The endocrinologist must indicate waiver approval or waiver disapproval, and sign and date at the bottom of Section II.

DRIVER MEDICAL HISTORY

- | | | |
|-----|-----|---|
| YES | NO | |
| ___ | ___ | PHYSICAL EXAM (T-8) (most recent copy attached) |
| ___ | ___ | ENDOCRINOLOGIST EXAM (D) (3) (e) |
| ___ | ___ | THE ENDOCRINOLOGIST IS FAMILIAR WITH THE APPLICANT'S MEDICAL HISTORY FOR THE PAST THREE YEARS EITHER THROUGH ACTUAL TREATMENT OVER THAT TIME OR THROUGH CONSULTATION WITH A PHYSICIAN WHO HAS TREATED THE APPLICANT DURING THAT TIME; (D)(3)(e)(i)* |
| ___ | ___ | THE APPLICANT HAS BEEN USING INSULIN TO CONTROL HIS/HER DIABETES ON THE DATE OF THE APPLICATION; (ii)* |
| ___ | ___ | THE APPLICANT DOES NOT HAVE SEVERE HYPOGLYCEMIA OR EPISODES OF ALTERED CONSCIOUSNESS REQUIRING THE ASSISTANCE OF ANOTHER PERSON TO REGAIN CONTROL; (iii)* |
| ___ | ___ | THE APPLICANT DOES NOT HAVE HYPOGLYCEMIA UNAWARENESS OR THE INABILITY TO RECOGNIZE THE EARLY SYMPTOMS OF HYPOGLYCEMIA SUCH AS SWEATING, ANXIETY, FORCEFUL HEARTBEAT AND LIGHTHEADEDNESS; (iv)* |
| ___ | ___ | WITHIN THE PAST THREE YEARS, THE APPLICANT HAS NOT HAD A HYPOGLYCEMIC REACTION, AT ANY TIME, THAT RESULTED IN ANY CHANGE IN MENTAL STATUS THAT WOULD HAVE BEEN, IN THE ENDOCRINOLOGIST'S OPINION, DETRIMENTAL TO SAFE DRIVING; (v)* |
| ___ | ___ | THE APPLICANT'S DIABETIC CONDITION WILL NOT ADVERSELY AFFECT HIS/HER ABILITY TO OPERATE A <u>CMV</u> OR A SCHOOL BUS; (vi)* |
| | | THE APPLICANT HAS BEEN EDUCATED IN DIABETES AND ITS MANAGEMENT, THOROUGHLY INFORMED OF AND UNDERSTANDS THE PROCEDURES WHICH MUST BE FOLLOWED TO MONITOR AND MANAGE HIS/HER DIABETES AND WHAT PROCEDURES SHOULD BE FOLLOWED IF COMPLICATIONS ARISE; (vii)* AND |

*Rule part

____ THE APPLICANT HAS THE ABILITY AND HAS DEMONSTRATED
____ WILLINGNESS TO PROPERLY MONITOR AND MANAGE HIS/HER
DIABETES (viii)*

EVIDENCE OF ALL OF THE ABOVE ATTACHED

**ENDOCRINOLOGIST'S STATEMENT PROVIDING REASONS FOR
APPROVAL OR DISAPPROVAL OF A DIABETES WAIVER**

____ **I RECOMMEND WAIVER APPROVAL**
____ **I DO NOT RECOMMEND WAIVER APPROVAL**

ENDOCRINOLOGIST SIGNATURE _____
LICENSE# _____
DATE _____

**Rule part*

SECTION III - OPHTHALMOLOGIST EXAM

The following is to be completed by an examining ophthalmologist. The ophthalmologist must provide copies of the items listed below. The ophthalmologist must indicate waiver approval or waiver disapproval, and sign and date this section.

YES NO

___ ___ OPHTHALMOLOGIST EXAM (D)(3)(f)*

___ ___ APPLICANT DOES NOT HAVE UNSTABLE PROLIFERATIVE DIABETIC
RETINOPATHY. (D)(3)(f)*

___ ___ APPLICANT DOES NOT HAVE UNSTABLE ADVANCING DISEASE OF
BLOOD VESSELS IN THE RETINA. (D)(3)(f)*

___ ___ APPLICANT HAS STABLE VISUAL ACUITY (at least 20/40 snellen in each
eye separately, with or without corrective lenses). (D)(3)(f)*

**OPHTHALMOLOGIST STATEMENT PROVIDING REASONS
FOR APPROVAL OR DISAPPROVAL OF A DIABETES WAIVER**

___ **I RECOMMEND APPROVAL**
___ **I DO NOT RECOMMEND APPROVAL**

OPHTHALMOLOGIST SIGNATURE _____
LICENSE# _____
DATE _____

**Rule part*

INSULIN WAIVER INTAKE CHECK LIST

This is just to help you gather all the information that is needed for an insulin waiver.

I. Vital Statistics Page	
Diabetes Waiver Request Page	
Driving Record from our web-based system	
Copy of Valid Commercial Driver License	
II. T-8 Form Completed	
T-8 Form Physician's Signature	
Endocrinologist: Driver Medical History	
Endocrinologist: Signature	
Endocrinologist: License Number	
Endocrinologist: Approval	
III. Ophthalmologist: Medical History	
Ophthalmologist: Signature	
Ophthalmologist: License Number	
Ophthalmologist: Approval	
IV. Blood Studies - most recent fasting lab work	
List of insulin dosages and type	
List of any other medications	
V. Have you ever been issued an insulin waiver from the Ohio department of education?	Yes No

School Bus Driver Physical Qualification? Rule

Ohio Administrative Code 3301-83-07

**Revised: 3/26/2020
Effective 07/01/2012**

This rule includes the physical qualifications that must be met to operate a school bus or school van in Ohio, including details on the diabetic waiver, administrative procedures, and calendar schedule.

(F) Insulin dependent waivers

The department may grant waivers to insulin using individuals under the following conditions:

- (1) The individual has not had a previously issued insulin waiver revoked or lapsed;
- (2) The individual completes an insulin dependent waiver packet and submits the packet to the department's pupil transportation office;
- (3) The individual has passed all other requirements of the Ohio school transportation vehicle physical;
- (4) The individual possesses a currently valid operator's driver license and has had a driving record for a three-year period immediately preceding the date of application that:
 - (a) Contains no suspensions or revocations of their licenses for the operation of any motor vehicle, including their personal vehicle, except for suspensions or revocations due to nonpayment of fines;
 - (b) Contains no involvement in a reportable accident in any vehicle with an associated citation for a moving traffic violation; and
 - (c) Contains no involvement in more than one serious traffic violation in any vehicle as defined in division (II) of section [4506.01](#) of the Revised Code.

(5) Medical requirements for application

- (a) The individual has provided a licensed endocrinologist with a complete medical history including, but not limited to, the date insulin use began, all hospitalization reports, consultation notes for diagnostic examinations, special studies pertaining to the diabetes, all follow-up reports, and reports of any hypoglycemic insulin reactions within the last three years;
- (b) The individual has been examined by a licensed endocrinologist and a complete medical evaluation concerning their medical history and current status has been made, including, at a minimum, the following:
 - (i) Fasting blood studies (glucose, glycosylated hemoglobin/HB A1c, including lab reference range) and urinalysis performed during the last six months; and
 - (ii) A detailed report of insulin dosages and types, diet utilized for control, and any significant factors such as smoking, alcohol use, and other medications or drugs taken.
- (c) The individual submits a signed statement prepared by the examining endocrinologist whose license status is indicated. The signed statement shall include separate declarations indicating the following medical determinations:
 - (i) That the endocrinologist is familiar with the applicant's medical history for the past three years either through actual treatment over that time or through consultation with a physician who has treated the applicant during that time;

(ii) That the applicant has been using insulin to control his/her diabetes on the date of the application;

(iii) That the applicant does not have severe hypoglycemia or episodes of altered consciousness requiring the assistance of another person to regain control;

(iv) The applicant does not have hypoglycemia unawareness or the inability to recognize the early symptoms of hypoglycemia such as sweating, anxiety, forceful heartbeat, and light-headedness;

(v) That, within the past three years, the applicant has not had a hypoglycemic reaction at any time that resulted in any change in mental status that would have been, in the endocrinologist's opinion, detrimental to safe driving;

(vi) That the applicant's diabetic condition will not adversely affect his/ her ability to operate a school bus or a school van;

(vii) That the applicant has been educated in diabetes and its management, thoroughly informed of and understands the procedures that must be followed to monitor and manage his/her diabetes, and what procedures should be followed if complications arise; and

(viii) That the applicant has the ability and has demonstrated willingness to properly monitor and manage his/her diabetes.

(d) The individual submits a separate statement from an examining ophthalmologist that the applicant has been examined and that the applicant does not have unstable proliferative diabetic retinopathy or unstable advancing disease of blood vessels in the retina and has stable visual acuity of at least 20/40 (Snellen) in each eye separately, with or without corrective lenses.

(6) Requirements of driver to maintain a valid waiver.

Special conditions that shall be met for any waiver issued to an insulin-using diabetic driver to remain valid. Each driver shall comply with the following requirements:

(a) 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. Blood glucose monitoring shall be performed one hour prior to and approximately every four hours while on duty. Paper tapes generated by SMBG's having a printing capability may be used in lieu of a log prepared by the waived driver. Log records of blood glucose values shall be made available to any authorized enforcement official upon request;

(b) Carry, upon their person, and use, as necessary, a source of rapidly absorbable glucose;

(c) Carry insulin and the equipment/materials necessary for administering the medication;

(d) Report, in writing, any citation for a moving violation involving the operation of any vehicle, including personal vehicles, to the employer and the department no later than fifteen days following the issuance of such citation. A photostatic copy of the citation issued shall accompany the written report;

(e) Report, in writing, the judicial or administrative disposition of any citation for a moving violation involving the operation of any vehicle, including personal vehicles, to the employer and the department no later than fifteen days following the notice of disposition;

(f) Report, in writing, any involvement in an accident whatsoever, regardless of whether the driver was cited, while operating any vehicle, including personal vehicles, to the employer and the department no later than fifteen days following the accident, and include in that report, any state, insurance company, and/or motor carrier accident reports;

(g) Report, in writing, any change of residence, address, or telephone number to the department no later than fifteen days after such change;

(h) Report, in writing, any change of employer, including name, address, and telephone number, or type of vehicle operated to the department no later than fifteen days after such change;

(i) Submit any medical information derived from medical assistance or treatment arising from any accident involvement to the department no later than fifteen days following the accident. A copy of the attending medical specialist and laboratory reports shall also meet the reporting requirement;

(j) Submit log records of blood glucose values for a twenty-four hour period immediately prior to any accident involvement to the department no later than fifteen days following the accident;

(k) Submit a signed statement from the licensed endocrinologist who conducted the initial medical evaluation to the department no later than fifteen days before each six-month anniversary of the waiver issuance date, that the driver has been examined and that any diabetic condition is currently stable and under control. This semiannual examination shall be conducted within the six-week period immediately preceding each six-month anniversary of the waiver issuance date. Log records of blood glucose values for the preceding three months shall be made available to the examining endocrinologist at the time of the required examination;

(l) Waived drivers who use a medical specialist, other than the specialist who conducted the initial medical evaluation, shall be re-examined by an endocrinologist, using the criteria and procedures established for the pre-qualification examination, and submit a signed statement from that licensed endocrinologist;

(m) Submit a signed statement from an ophthalmologist to the department no later than fifteen days before each anniversary of the waiver issuance date that the driver has been examined and does not have unstable proliferative diabetic retinopathy, and that the driver continues to have stable visual acuity of at least 20/40 (Snellen) in each eye, corrected or uncorrected. This annual examination shall be conducted within the six-week period immediately preceding the anniversary of the waiver issuance date.

(7) All documentation described in paragraph (F)(5) of this rule shall be mailed to the department's pupil transportation office, 25 South Front street, Columbus, Ohio 43215-4183. Failure to timely submit reports may be cause for waiver revocation.

(8) Any individual driver operating a school bus or other pupil transportation vehicle described in rule [3301-83-19](#) of the Administrative Code granted a waiver pursuant to this rule shall

remain subject to the provisions of section 3327.10 of the Revised Code, including the reporting requirements specified in division (D) of section 3327.10 of the Revised Code.

(9) Applicants for a waiver from the insulin-using diabetes mellitus qualification requirement shall be required to submit applications on plain paper and include all supporting documents and the information as set forth in paragraph (F)(9) of this rule. Each information item shall contain a complete and appropriate answer, or, if an item is not applicable, marked with "none."

(a) Vital statistics

- (i) Name of applicant (first name, middle initial, last name);
- (ii) Address (street number and name);
- (iii) City, state, and zip code;
- (iv) Telephone number (including area code);
- (v) Sex (male or female);
- (vi) Date of birth (month, day, and year);
- (vii) Age;
- (viii) State driver's license number and a list of all licenses held during the three-year period immediately preceding the date of application to operate a school transportation vehicle;
- (ix) Issuing state;
- (x) Driver's license expiration date;
- (xi) Driver's license classification; and
- (xii) Employer's or prospective employer's name, address, and telephone number.

(b) Experience

- (i) Number of years and approximate miles driving school buses;
- (ii) Approximate number of years and miles driving a CMV other than a school bus; and
- (iii) Number of years driving vehicles other than a CMV or school bus.

(c) Experience factor

- (i) Unless the department is satisfied otherwise, a driver must have accumulated at least three years experience operating a CMV on a regular basis and that experience must be recent enough to reflect the driver's capabilities; and
- (ii) Additionally, to qualify for a waiver, a driver shall have a clean driving record as described in paragraph (F)(4)(a) of this rule for the three years immediately preceding the date of your application.

(d) Applications shall include supporting documents for the requirements set forth in this rule and any other documents deemed necessary by the department.

(10) A waiver issued by the department is valid for three years from the date of issuance unless the waiver is revoked by the department for cause or based on a change in statute or rule.

(11) A waiver issued by the department may be revoked for failure to comply with any requirement included in this rule.

(12) All medical documentation submitted to the department as required by this rule may be reviewed by a panel of physicians appointed by the department. This panel of physicians shall make a recommendation on whether a waiver should be issued based upon medical documentation.

(13) The department shall have final say on all waiver determinations.

Effective: 3/26/2020

Five Year Review (FYR) Dates: 1/10/2020 and 03/26/2025

Promulgated Under: [119.03](#)

Statutory Authority: [3301.07](#), [3327.01](#), [4511.76](#)

Rule Amplifies: [3327.01](#), [3327.10](#), [4511.01](#)

Prior Effective Dates: 03/31/1975, 08/01/1980, 10/22/1984, 10/11/1985 (Emer.), 01/01/1986, 04/01/1988, 07/01/1991, 03/04/1994 (Emer.), 07/01/1994, 10/05/1998, 11/13/2001, 08/01/2007, 07/01/2012