COLORADO
Department of Education
School Finance and Operations Division

Voluntary
FORM # STU-17
EDAC REVIEWED
03/01/2024 for 2024-2026

Small Capacity Vehicle Operators Medical Information Form 2024-2025

Per 1 CCR 301-26, 5.02(c) and 5.03(f) The operator shall annually complete the CDE Small Capacity Vehicle Operators Medical Information Form (STU-17). Any yes annotations shall require a doctor's release.

Operator Name _____ Date _____

Do you currently, or have a history of any of the following conditions? **If yes is indicated on any of the listed questions below, a physician's release is required prior to transporting students in a school transportation small-capacity vehicle.**

Yes	No		Yes	No	
☐	☐	High Blood Pressure	☐	☐	Diabetes, Blood Sugar Problems
☐	☐	High Cholesterol	☐	☐	If yes, is it controlled with Oral Medication
☐	☐	Severe Depression, Anxiety,	☐	☐	If yes, is it controlled with Insulin
☐	☐	Nervous or Mental Health Disorders	☐	☐	Eye Disorders or Impaired Vision (except corrective lens)
☐	☐	Seizures or Epilepsy	☐	☐	Ear Disorders, Hearing Problems, Vertigo
☐	☐	Shortness of Breath, Chronic Cough	☐	☐	If yes, do you wear hearing aids?

Yes	No		Yes	No	
☐	☐	Heart Disease, Heart Attack	☐	☐	Lung Disease, Emphysema, Asthma
☐	☐	Heart Surgery	☐	☐	Chronic Bronchitis
☐	☐	Heart Stents, Bypass, Stents	☐	☐	Kidney Disease, Kidney Stones
☐	☐	Pacemaker, Other Implantable Devices	☐	☐	Back Pain, Chronic Back Problems
☐	☐	Severe Digestive, Liver or Stomach Problems	☐	☐	Missing or Limited arm, hand, finger, leg, foot or toe use

Yes	No		Yes	No	
☐	☐	Head or Brain Injuries or Disorders	☐	☐	Stroke or Paralysis
☐	☐	Fainting or Dizziness	☐	☐	Mini Strokes (TIA), Numbness, Memory Loss
☐	☐	Loss or Altered State of Consciousness	☐	☐	Blood Clots, Bleeding Disorders
☐	☐	Apnea (Breathing that has stopped)	☐	☐	Sleep Apnea, Daytime Sleepiness, Loud Snoring
		Other – Please Explain			

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I certify that the above information was provided voluntarily and is accurate and complete. I understand that inaccurate, false, or missing information will exclude me from driving a school transportation small capacity vehicle while transporting students.

Operator Printed Name _____ **Operator Signature** _____