



Multifunction/Small Vehicle Operators Medical Information Form 2020-2021

Per 1 CCR 301.26, 4204-R-5.03(f) 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.

If you indicate “yes” on any of the listed questions below, a physician’s release is required and shall be maintained in a district file, prior to transporting students in a school transportation vehicle.

Operator Name _____ New Operator Yes No

District/Contractor _____ District Phone # _____

Operator Email _____ Contact Phone# _____

Do you currently have any of the following conditions?

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- 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

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 5.03(f)

