

School Transportation Paraprofessional Medical Information Form 2025-2026

Employee Name _____ Date _____

I understand that while performing the duties of this position, I may frequently be exposed to loud noise levels, fumes or airborne particles, noxious odors, vibrations from riding a bus, body fluids (for example: sputum), and traffic.

While performing the duties of this position, I am physically able to perform the following essential functions.

Sit for long periods of time	Use foot controls on specific equipment	Bend, Stoop, and Kneel
Reach with my hands and arms	Climb and descend steps	Lift up to 50 pounds
Stand, walk, twist/turn	Push/pull up to 50 pounds	

Do you currently, or have a history of any of the following conditions? If yes is indicated on any of the listed questions below, please explain.

Yes	No		Yes	No		Yes	No	
___	___	Seizures or Epilepsy	___	___	Eye disorders (not corrective lenses)	___	___	Hearing Disorders
___	___	Fainting or Dizziness	___	___	Chronic Back Problems	___	___	Lung Disease (Example: Asthma)
___	___	Stroke/TIA or Paralysis	___	___	Heart Condition	___	___	Heart Stents, Bypass, Pacemaker
___	___	Diabetes Controlled with Insulin	___	___	Missing or Limited use of an arm, hand, finger, leg, or foot			

Explain _____

5.05(a) The employing school district, charter school, or service provider has the authority to require at any time a medical evaluation, or physicians release, of a school transportation vehicle operator or school transportation paraprofessional for any condition that could impair the employee's ability to operate a vehicle safely, assist the student(s) as required by their position, and/or perform other required job duties, and may take appropriate action on the outcome of such evaluation.

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 performing my assigned duties as it pertains to student transportation while transporting students.

Employee Signature _____ Supervisor Signature _____