

Small Capacity Vehicle Operators Medical Information Form **2025-2026**

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 _____	High Blood Pressure	Yes _____	No _____	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 _____	Heart Disease, Heart Attack	Yes _____	No _____	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 _____	Head or Brain Injuries or Disorders	Yes _____	No _____	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 _____			

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 Signature _____

Transportation Representative _____