

A. To be Completed by Applicant (Print or Type)

Last Name First Name MI

Home Address City/State/Zip

CDL Number State CDL Expiration Date DOB

Most Recent Preservice Date: Month Year Preservice Certificate #

I hereby release the information on this form to the constituted authorities for evaluation purposes.

Driver/Applicant Signature:

B. To be Completed by Employer (Print or Type)

School District Name/Contractor Name

District IRN County Contractor License Number

Most Recent District Inservice Date:

This Individual Will Be Employed to Operate: School Bus School Van

Date Signature of Bus Owner/Designee Printed/Typed Name

Special Instructions for Blood Pressure Checks:

If the doctor has circled P-90 day on the physical form, the T8 expires in 90 days unless the driver obtains a blood pressure reading at 90 days. This reading must be recorded on the T8 form.

An additional blood pressure must be taken at 6 months, recorded on the T8 form and reported to ODE on the web-based reporting system.

THIS FORM MUST BE ATTACHED TO THE PHYSICIAN'S T8 FORM TO BE VALID