



**Multifunction/Small Vehicle Operators  
 Medical Information Form**

Per 1 CCR 301.26, 4204-R-5.02(d) 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.

Operator Name \_\_\_\_\_ New Operator  Yes  No

District/Contractor \_\_\_\_\_ District Phone# \_\_\_\_\_

Operator Email \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Do you currently have any of the following conditions?

- 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 \_\_\_\_\_

If you indicated "yes" on any of the above listed questions, a physician's release is required and shall be maintained in a district file, prior to transporting students in a school transportation vehicle.

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.