

On December 17, 1986, the State Board of Education approved changes in the Michigan school bus driver physical examination. These changes deal specifically with the use of insulin to control diabetic condition.

The following changes shall be noted on the department's school bus driver physical examination form (SM 2935) and (SM 2934).

DIABETES: IF DIABETES IS NOTED AT THE TIME OF EXAMINATION AND IS STABILIZED BY USE OF INSULIN, HYPOGLYCEMIC DRUG, OR DIET THAT CAN BE OBTAINED WHILE THE DRIVER IS ON DUTY, IT SHOULD NOT BE CONSIDERED DISQUALIFYING. HOWEVER, THE DRIVER MUST REMAIN UNDER ADEQUATE MEDICAL SUPERVISION.

Obviously, individuals who are unable to manage their insulin or oral medications adequately should not be permitted to drive school buses. Therefore, the medical or physical determination of suitability shall be done on an individual basis.

In order to screen out individuals who would present a significant risk, it is necessary that a routine medical history and physical examination be used to identify persons with diabetes. Once identified, supplementary forms shall be completed by the person with diabetes and by a physician familiar with the patient and responsible for the patient's routine care. This documentation shall be attached to the School Bus Driver Certificate of Medical Fitness (blue card) form (SM 2934) in the driver's personnel file. (1)

On subsequent pages you will find physician and school bus driver information surveys that must be completed if a driver is diagnosed as diabetic.

The department recommends that in order to drive a school bus, the person would:

1. Have a physician familiar with the patient complete the physician's information survey.
2. Have at least two visits to the physician, regarding diabetes in 12 months prior to completion of the information surveys.
3. Patients (current or prospective drivers) using insulin or oral hypoglycemic agents would be required to complete a driver's information survey.
4. Items 6-12 on the physician's information survey must have a **YES** response.
5. Item 13 on the physician's information survey: Any reaction resulting in serious impairment or loss of control in the past 3 years would be disqualifying. An

- exception might be a reaction occurring when therapy was initiated, if there is good evidence that patient has learned to manage therapy - suggestions, at least 2 years without incident.
6. Item 14 uses same criterion as Item 13.
 7. Item 15 - Two years without incident; one year if incident was associated with initiation of therapy and evidence of current management is good.
 8. Item 16, must have Adequate Control or better in the physician's judgement.
 9. The driver or applicant should also be required to complete the driver's information survey. Failure to answer truthfully could be grounds of dismissal.

The decision shall be made on an individual basis. Requiring an annual physician report and supplementary information from the driver is a fairly large burden, one not asked of persons without diabetes. Nevertheless, it seems the only way one could provide adequate assurance of safety without a blanket disqualification. It is important for the report to be annual because of changes in therapy which might occur. It should also be fully applied to persons using oral agents, since hypoglycemic reactions can occur with their use.(2)

(1) & (2) Text of enclosures of a letter written by Dr. Phillip E. Runkel, State Superintendent of Public Instruction, January 30, 1987, to public school superintendents.

**SUPPLEMENTARY INFORMATION CONCERNING
PROSPECTIVE/CURRENT SCHOOL BUS DRIVER'S MANAGEMENT
OF DIABETES**

The suitability of an individual diagnosed as diabetic to operate a school bus is decided on a case by case basis with information gathered from both the driver in question and the physician managing the driver's illness. This survey should be completed by the physician in charge of managing the driver's diabetes. The information may be gathered annually and kept with the driver's physical examination records.

I AUTHORIZE MY PHYSICIAN TO RELEASE ANY MEDICAL INFORMATION REGARDING MY DIABETES.

DRIVER'S SIGNATURE: _____ **DATE:** _____

1. Are you the physician primarily responsible for monitoring and treating this patient's diabetic condition? _____ Yes _____ No
2. Excluding this visit, how many times in the past 12 months have you seen this patient regarding his/her diabetic condition? _____ (Specify a number of visits)
3. What therapy does the patient use to control his/her diabetes?
_____ Diet and insulin _____ Diet and oral hypoglycemic agent
_____ Diet alone
4. What is the current therapy protocol?
TYPE/NAME UNITS/MILLIGRAMS FREQUENCY

5. How long has the patient been using insulin or oral hypoglycemic agents?
_____ (Specify a length of time)
6. Does this patient know what to do in the event of a hypoglycemic reactions?
_____ Yes _____ No
7. Can this patient accurately describe the type, frequency, and peak action of his/her insulin or oral agent? _____ Yes _____ No
8. Does this patient understand the importance of spacing meals and snacks and of not misusing meals? _____ Yes _____ No
9. Does this patient know and appear to follow his/her meal plan? _____ Yes _____ No
10. Have you discussed with this patient his/her history of hypoglycemic reactions?
_____ Yes _____ No
11. Is this patient able to recognize signs or symptoms of hypoglycemia in himself/herself? _____ Yes _____ No
12. Does this patient always carry an easily accessible source of sugar or simple carbohydrate? _____ Yes _____ No

Driver's Diabetes Survey - {Physician}

13. To the best of your knowledge, has this patient ever experienced a severe hypoglycemic reaction while operating a motor vehicle? _____ Yes _____ No
If the answer to the above question was Yes, how many times has this occurred in the past 3 years? _____ (Specify a number of times)
14. To the best of your knowledge, has this patient ever been admitted to a hospital, emergency room, or received other urgent medical care for a severe hypoglycemic reaction? _____ Yes _____ No
If you answered Yes to the above question, how long ago did this happen? _____ (Specify length of time)
15. To the best of your knowledge, has this patient ever experienced a hypoglycemic reaction sufficient severe to interfere with his/her ability to safely control and drive a school bus? _____ Yes _____ No
If you answered yes, how long ago did this happen? _____ (Specify length of time)
How many times has this occurred in the past 3 years? _____
16. In your professional opinion how well controlled is this patient's diabetes?
_____ Very well _____ More than adequate _____ Very poor
_____ Adequate _____ Not adequate

Failure to provide full and complete disclosure of all information regarding the diabetic condition of this patient may result in termination of employment or termination of consideration for employment.

To the best of my professional knowledge, the information above is accurate and relevant.

Physician's signature: _____ **Date** _____

**SUPPLEMENTARY INFORMATION CONCERNING
PROSPECTIVE/CURRENT SCHOOL BUS DRIVER'S MANAGEMENT
OF DIABETES**

The suitability of an individual diagnosed to operate a school bus is to be decided on a case by case basis with information gathered from both the driver in question and the physical managing the driver's illness. This survey should be completed by a prospective/current school bus driver diagnosed as having diabetes. Survey information may be collected annually and kept with the driver's physical examination documentation.

DRIVER: _____

- 1) What therapy do you use to control your diabetes? (Please check your current therapy protocol.)
_____ Diet and insulin _____ Diet alone
_____ Diet and oral hypoglycemic agent
- 2) Please indicate your current insulin/oral hypoglycemic regimen.
TYPE/NAME UNITS/MILLIGRAMS FREQUENCY

- 3) How long have you been using insulin or oral hypoglycemic agents? _____
- 4) Are you able to recognize signs or symptoms of hypoglycemia in yourself?
_____ Yes _____ No
- 5) Do you always carry an easily accessible source of sugar or simple carbohydrate?
_____ Yes _____ No
- 6) To the best of your knowledge, have you ever experienced a severe hypoglycemic reaction while operating a motor vehicle? _____ Yes _____ No
If you answered yes to this question, please indicate how long did the reaction last?

If you answered yes to this question, please indicate how many times in the last 3 years you experienced such reactions. _____ (Specify a number)
- 7) To the best of your knowledge, have you ever been admitted to a hospital, emergency room, or received other urgent medical care for a severe hypoglycemic reaction?
_____ Yes _____ No
If you answered yes to this question, please indicate how long ago this happened

If you answered yes to this question, please indicate how many times in the last 3 years this happened _____
- 8) To the best of your knowledge, have you ever experienced a hypoglycemic reaction sufficiently severe to interfere with your ability to safely control and drive a school bus?
_____ Yes _____ No

If you answered yes to this question, please indicate how long ago this happened

If you answered yes to this question, please indicate how many times in the last 3 years this has happened _____

Failure to provide full and complete disclosure of all information relating to your diabetic condition to a physician and/or employer may be grounds for immediate dismissal or termination of further employment consideration.

To the best of my knowledge, the information indicated above is accurate and relevant.

Driver's/Candidate's signature: _____ Date _____