



ARTICLE 19-A BUS DRIVER'S DIABETIC FOLLOW-UP BY DRIVER'S PERSONAL PHYSICIAN

NYS DMV COMMISSIONER'S REGULATION PART 6.10

NOTE: If insulin is necessary to control a diabetic condition, the driver is not qualified to operate a bus if the bus driver has an established medical history or clinical diagnosis of diabetes mellitus which has not been stabilized by insulin therapy to the degree that his or her personal physician can certify that such person has not had an incident of hyperglycemic/hypoglycemic shock for a period of two years. Where diabetes can be stabilized by a diet or hypoglycemic agent, the driver must be under adequate medical supervision and follow-up.

The follow-up for all drivers with diabetic conditions shall consist of certification every six months by the driver's personal physician that his or her condition has remained stabilized and that he or she has not had an incident of hyperglycemic/hypoglycemic shock since the last certification.

This form may be used by a motor carrier to document the required 6-month diabetic follow-up by the driver's personal physician.

BUS DRIVER'S NAME: _____
(Must correspond to name on driver's license)

DATE OF BIRTH: _____

CLIENT/LICENSE ID NUMBER (from Driver License): _____

I, _____, am acting as the above-named
(Print Physician Name)

bus driver's personal physician. He/she is under my care and treatment for an existing diabetic condition. His/her condition is stabilized by (indicate which):

- Diet
- Medication (identify): _____ Form of Insulin: Yes No
- Other means (explain): _____

Personal Physician's License or Certificate Number _____ Issuing State _____

Personal Physician's Address: _____

Personal Physician's Phone: _____

I certify that he/she has not had an incident of hyperglycemic or hypoglycemic shock within the last six months.

Personal Physician's Signature  _____

(Personal Physician must sign)

Date _____

