



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 healthcare provider (physician, nurse practitioner, or physician assistant) 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 healthcare provider 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 healthcare provider.

BUS DRIVER'S NAME: _____ (Must correspond to name on driver's license)
DATE OF BIRTH: _____
DRIVER LICENSE ID NUMBER (9- digit number on driver license): _____

I, _____, am acting as the above-named (Print Personal Healthcare Provider's Name)

bus driver's personal healthcare provider. 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): _____

- M.D. D.O. PA (physician assistant) NP (nurse practitioner)

Professional License or Certificate Number: _____ Issuing State: _____

Address: _____

Phone: _____

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

Personal Healthcare Provider's Signature: _____ (Personal Healthcare Provider must sign)

Date _____

