



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...

The follow-up for all drivers with diabetic conditions shall consist of certification every six months by the driver's personal healthcare provider that the driver's condition has remained stabilized and that the driver 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.

Form box containing fields for: BUS DRIVER'S NAME, DATE OF BIRTH, DRIVER LICENSE ID NUMBER

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

bus driver's personal healthcare provider. The driver is under my care and treatment for an existing diabetic condition. The driver's condition is stabilized by (indicate which):

- Form of Insulin: Yes/No
Diet
Medication (identify)
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 the driver has not had an incident of hyperglycemic or hypoglycemic shock within the last six months.

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

Date _____

