



MERRICK WOODS
 1075 Merrick Avenue, Merrick NY 11566 483-7272

**Country Day
 School**

STAFF MEDICAL REPORT

Name _____ DOB _____

Address _____

Telephone _____

Physical Examination: (NY State Education Dept. minimum requirements for bus drivers)

1. Minimum vision (with or without glasses) 20/40 in each eye.
2. All limbs, hands and feet; at least two fingers and a thumb on one hand and four fingers and a thumb on the other hand.
3. Good utilization of both arms and legs.
4. Hearing in each ear adequate without hearing aid.
5. No other physical or mental condition which might impede the ability to operate a bus safely.

Pertinent Abnormal Findings: _____

Specific Activities Contraindicated: _____

Ht. _____ Wt. _____ Hearing: Grossly Normal _____ Abnormal _____

Vision: With Glasses R _____ L _____ Without Glasses R _____ L _____

Color Blind? _____ Peripheral Adequate? _____

Immunization Dates: Tetanus _____ Rubella _____

Measles _____ Mumps _____

Small Pox _____ Polio _____

Indicate evidence of mental deficiency, alcoholism or drug addiction: _____

I certify that the applicant is free from contagious disease and is fit to perform the duties of teacher/counselor and/or bus driver in accordance with the requirements of the NY State Education Department.

Physician's Signature _____

Date of Examination _____

PRINT: Name of Physician _____ Address _____ Phone _____