



DR. ROXANNE DIETZLER, PC
Occupational Medicine & Family Practice

732 Thimble Shoals Blvd. Ste. 102
Newport News, VA. 23606
Telephone: (757) 599-3623
Fax: (757) 599-1819

PATIENT NAME: _____

DATE: _____

PATIENT DATE OF BIRTH: _____

CONTROLLED SUBSTANCE MEDICATION FORM

The above patient/driver is being evaluated to determine whether he/she meets criteria for operating a school bus. In order to qualify, the individual must be cleared by a licensed medical provider, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a school bus.

List all medications and dosages that you have prescribed to the above named individual.

List any other medications and dosages that you are aware have been prescribed to the above named individual by another treating health care provider.

What medical conditions are being treated with these medications?

Does this individual have any medication side effects that would adversely affect their ability to safely operate a school bus? _____

Is the medical condition stable? _____ Is the treatment efficacious? _____

In your medical opinion, is this individual safe to operate a school bus without risk to public safety? _____

Do you have any concerns about your patient being certified to operate a school bus? _____

Comments:

Physician Signature _____ Date: _____

Stamp or complete below: Physician name, address, phone number