

# SCHOOL BUS DRIVER OTOLOGICAL FORM

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK



**pennsylvania**

DEPARTMENT OF TRANSPORTATION

Bureau of Driver Licensing • P.O. Box 68684

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THIS FORM APPROVED BY THE MEDICAL ADVISORY BOARD 4/13/12

Provider: For more information relating to Medical Reporting, visit <http://www.dmv.state.pa.us/centers/medicalReportingCenter.shtml>.

## PATIENT INFORMATION (Please complete this form in its entirety)

DRIVER'S LICENSE NO.		LAST NAME(S)			JR. ETC	FIRST NAME		
HEIGHT		SEX	EYE COLOR	DATE OF BIRTH		TELEPHONE NUMBER		E-MAIL (if applicable)
FEET	INCHES			MONTH	DAY	YEAR		
STREET ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.					CITY	STATE	ZIP CODE	

Please note: The patient must be tested by an audiologist or a licensed physician, M.D. or D.O., who specializes in the treatment of otolaryngology. The minimum standards are as follows:

Have no hearing loss greater than 40 decibels in the better ear, without a hearing aid, at frequencies of 500, 1,000, and 2,000 Hz. **A person who requires a hearing aid to meet the requirements of this paragraph shall also:**

- Have a speech reception threshold of 40 decibels H. L. or better in the better ear with a hearing aid, as tested with speech presented in monaural direct mode --45° Azimuth to the right ear or 315° Azimuth to the left ear; reference 0 decibels H. L.=13 decibels S.P.L. for sound field speaker.
- Achieve a score of 60% or better in a speech discrimination test of phonetically balanced words. Presented at 50 decibels H. L. + 12 decibels S/N --Average sound levels plus background noise. The tested shall use:
  - a. C.I.D. W-22 word lists
  - b. Masking noise consisting of speech spectrum noise or white noise, which shall be presented in monaural indirect mode --45° Azimuth for left ear and 315° Azimuth for right ear.
- Wear the aid and keep it operational at all times when driving a school bus.
- Present, at the time of the hearing test, an electroacoustic analysis test report of the hearing aid which indicates that the aid meets manufacturer's specifications.

1. Has the patient ever had an audiogram? \_\_\_\_\_
2. Does the patient have hearing of at least 40 decibels in the better ear, **without a hearing aid**, at frequencies of 500, 1,000, and 2,000 Hz.? \_\_\_\_\_  
If no, does the patient require a hearing aid(s)? \_\_\_\_\_  
What are the aided scores? 500 Hz. \_\_\_\_\_ 1,000 Hz. \_\_\_\_\_ 2,000 Hz. \_\_\_\_\_
3. If the patient requires a hearing aid(s), does he/she have a speech reception threshold of 40 decibels H.L. or better in the better ear with a hearing aid (as tested with speech presented in monaural direct mode)? \_\_\_\_\_
4. If the patient requires a hearing aid(s), did he/she achieve a score of 60% or better in a speech discrimination test of phonetically balanced words? \_\_\_\_\_
5. Has an electroacoustic analysis test been performed to ensure that the hearing aid(s) meets the manufacturer's specifications? \_\_\_\_\_

## SCHOOL BUS DRIVER CERTIFICATION

This is to certify that I agree to wear the hearing aid(s) and keep it operational at all times when driving a school bus.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH CARE PROVIDER INFORMATION (Please print or type)

HEALTH CARE PROVIDER'S NAME		SPECIALTY		HEALTH CARE PROVIDER'S LICENSE NUMBER	
STREET ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE NUMBER			FAX NUMBER		

I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date