

Kansas State Department of Education Activity/School Bus Medical Waiver Process

Kansas Administrative Regulations include provisions for Kansas school districts to grant a waiver to a Kansas School Bus driver or Kansas School Passenger Vehicle driver who fails to meet the legal physical requirements of a DOT physical. The process requires:

- Completion of the mandated physical form along with the physical certificate indicating it must be accompanied by a waiver. (SBSU MER & SBSU MEC or MCSA 5875 & MCSA 5876)
- Two separate letters from a doctor of medicine, doctor of osteopathy, doctor of chiropractic, physician assistant, or nurse practitioner stating their opinions regarding the person's ability to safely operate a school bus.
- Unanimous approval of the governing school board with written documentation.
- Driver needs to declare category 4 on their medical self-certification category.
- Driver needs to carry a copy of the waiver on their person

A School Board can only approve the waiver for a maximum of two years at which time the process will need to be repeated. The waiver is only valid in the State of Kansas and only while operating vehicles owned, leased or contracted by the school board who approved the waiver.

KAR 91-38-6

(h) Waiver of physical requirements.

(1)(A) Any person failing to meet the requirements of subsection (g) may be permitted to be a school transportation provider for a particular school district, if a waiver is granted by the governing board of that school district under this sub-section. Each waiver shall meet the following requirements:

(i) The person seeking the waiver, the transportation supervisor for the school district, and the contract manager, if applicable, shall submit a joint application for a waiver to the local board of education.

(ii) Each application shall be accompanied by reports from two of the following, indicating their opinions regarding the person's ability to safely operate a school bus: doctor of medicine, doctor of osteopathy, doctor of chiropractic, physician assistant, or nurse practitioner.

(iii) The application shall contain a description of the type and size of the vehicle to be driven and any special equipment required to accommodate the driver to safely operate the vehicle, the general area and type of roads to be traveled, distances and time period contemplated, and the experience of the person in driving vehicles of the type to be driven.

(B) An application for a waiver shall be granted only by unanimous approval of the governing board.

(A) A waiver as described in paragraph (h)(1) shall not be granted for a period longer than two years, but may be renewed by following the procedures in paragraph (h)(1).

(B) While on duty, the driver shall keep in the driver's possession the original document granting the waiver or a legible copy of this document.

(C) Each governing body shall retain the original document granting the waiver or a legible copy of the waiver in the driver's personnel file for as long as the driver is employed and for at least two years following termination of the driver's employment.

(D) A waiver may be revoked, for cause, by the governing body. Before revocation, the governing body shall perform the following:

(i) Suspend the driver from service;

(ii) provide notice of the proposed revocation to the driver, including the reason or reasons for the proposed revocation; and

(iii) allow the driver a reasonable opportunity to show cause, if any, why the revocation should not occur.

(Authorized by and implementing K.S.A. 8-2009; effective July 1, 2000; amended March 28, 2003; amended July 7, 2017.)



Driver Application and Request for Medical Waiver Activity/School Bus Driver Physical Requirements

Date: _____

USD Number: _____

USD Name: _____

USD Board President: _____

Dear School Board,

I have the following medical condition which prohibits me from passing a DOT physical as required under Kansas Law, KAR 91-38-6.

Brief Description of Medical Condition:

I am applying for and requesting a medical waiver as provided for under Kansas Law, KAR 91-38-6 so that I may operate a district vehicle and transport students. I have supporting documentation from two medical examiners (doctor of medicine, doctor of osteopathy, doctor of chiropractic, physician assistant, or nurse practitioner) who are aware of my condition and agree that even though my condition prohibits me from passing the DOT physical, both medical examiners agreed that I maintain my health in a manner which allow me to safely operate a district vehicle and perform all duties associated with safely transporting students. I acknowledge that I must be otherwise qualified by having the mandated physical form completed along with the physical certificate indicating it must be accompanied by a waiver. I hereby certify that the information included in this waiver application is true and correct to the best of my knowledge.

Respectfully submitted,

Bus Driver
Printed Name: _____

Bus Driver
Signature: _____

Transportation Director
Printed Name: _____

Transportation Director
Signature: _____



Activity/School Bus Medical Waiver Medical Examiners Opinion 1

Date: _____

USD Number: _____

USD Name: _____

Bus Driver Name: _____

Bus Driver Date of Birth: _____

Bus Driver CDL Number: _____ State: _____

I hereby certify I have examined the above listed driver regarding the medical condition:

This medical condition prohibits the driver from passing DOT physical requirements found in K.A.R. 91-38-6 and 49 C.F.R. 391.41, as in effect on January 14, 2014. However, based on my professional medical opinion the above-mentioned driver is controlling the condition to the extent that they are capable of safely operating a school district vehicle and capable of safely performing all duties associated with transporting students.

Medical Examiners Opinion Expires: _____
(2 year maximum)

Medical Examiner
Printed Name: _____

Medical Examiner
Signature: _____

Medical Examiners License or
Certificate Number: _____

☐ Doctor of Medicine

☐ Doctor of Osteopathy

☐ Doctor of Chiropractic

☐ Physician Assistant

☐ Nurse Practitioner



Activity/School Bus Medical Waiver Medical Examiners Opinion 2

Date: _____

USD Number: _____

USD Name: _____

Bus Driver Name: _____

Bus Driver Date of Birth: _____

Bus Driver CDL Number: _____ State: _____

I hereby certify I have examined the above listed driver regarding the medical condition:

This medical condition prohibits the driver from passing DOT physical requirements found in K.A.R. 91-38-6 and 49 C.F.R. 391.41, as in effect on January 14, 2014. However, based on my professional medical opinion the above-mentioned driver is controlling the condition to the extent that they are capable of safely operating a school district vehicle and capable of safely performing all duties associated with transporting students.

Medical Examiners Opinion Expires: _____
(2 year maximum)

Medical Examiner
Printed Name: _____

Medical Examiner
Signature: _____

Medical Examiners License or
Certificate Number: _____

☐ Doctor of Medicine

☐ Doctor of Osteopathy

☐ Doctor of Chiropractic

☐ Physician Assistant

☐ Nurse Practitioner



Activity/School Bus Medical Waiver

Date: _____

USD Number: _____

USD Name: _____

Bus Driver Name: _____

Bus Driver Date of Birth: _____

Bus Driver CDL Number: _____ State: _____

Medical Waiver Expiration: _____
NOT TO EXCEED 2 YEARS

In accordance with Kansas law, the Board of Education for USD # _____, has reviewed the submitted letter of application and two medical opinions for the above mentioned driver requesting a medical waiver to the DOT physical requirements found in K.A.R. 91-38-6 and 49 C.F.R. 391.41, as in effect on January 14, 2014, authorized by and implementing K.S.A. 8-2009; effective July 1, 2000; amended March 28, 2003; amended July 7, 2017.

The Board of Education for USD # _____, unanimously passed this resolution and the above-mentioned driver is hereby granted this waiver of physical restrictions for _____ (period of time not to exceed 2 years), at which time the application and supporting documents may be re-submitted and reviewed for further consideration.

Attest:

USD _____ Board of Education Clerk
Printed Name: _____

USD _____ Board of Education Clerk
Signature: _____

A copy of this Activity/School Bus Medical Waiver must be maintained in the driver's possession at all times when operating a school district vehicle. This waiver is only valid for district owned, leased or contracted vehicles and only while operating within the state of Kansas.