Figure: 37 TAC §14.13(a)(1)

TEXAS MEDICAL ADVISORY BOARD

Release Authorization for School Bus Drivers

(For use when requesting review)

TO SCHOOL BUS DRIVER APPLICANT:

I hereby authorize Dr. _____ to give any examination he/she deems necessary for the purpose of determining my fitness to operate a school bus for the transportation of school pupils. I also authorize any other physicians who have attended me, or any hospital or clinic in which I may have been treated, to give the Texas Department of Health any information they may request concerning my condition.

I understand that this authorization includes permission for the Texas Department of Health to have this information reviewed by the Medical Advisory Board for the purpose of giving a medical opinion on my physical and/or mental capabilities to safely operate a school bus.

I also understand that I am to pay any professional fees or charges connected with this examination.

	_____ Printed Name of Applicant
NOTE: Physicians signature is required as acknowledgement that he/she has completed medical examination report.	_____ Mailing Address
	_____ City State Zip Code
	_____ (Area Code) Daytime Phone Number
_____ Printed Name of Physician	_____ Name of Employing School District
_____ Signature of Physician	_____ Signature of Applicant
_____ State Board Number Specialty	_____ Date

(Rev. 02/08)