



**Registry of Motor Vehicles/Department of Public Utilities
School Bus and School Pupil Transport (7D) Operator
Cardiovascular Medical Evaluation Form**

Description: This form is a supplement to the RMV 7D-School Pupil Transport Certificate and the *DPU Bus Driver Certificate Application* and must be submitted by an applicant for a School Pupil Transport or School Bus Driver Certificate who has an implanted cardiac defibrillator (AICD).

Instructions: The form must be completed in its entirety and signed by a medical doctor. The form must then be submitted in conjunction with a completed *7-D School Pupil Transport Certificate Application*.

Driver Instructions: Please fill in your personal information below.

Name: _____ License Number: _____
 Address: _____
 City/Town: _____ State: _____ Zip Code: _____

Physician Instructions: The following section is to be completed only by a licensed physician.

The above applicant is applying for a license to drive school pupils in Massachusetts. The applicant has an implanted cardiac defibrillator (AICD). Under the Code of MA Regulations (540 CMR 2.15), people who have an implanted cardiac defibrillator are eligible to drive school pupils if they meet certain standards. This applicant is asking you to determine whether s/he meets the following standards.

- 1) The AICD was implanted for a "sudden death event" and has not fired in a six-month period.
 YES NO Date AICD was implanted: _____
- 2) The AICD was implanted for prophylactic reasons and has not fired in a six-month period.
 YES NO
- 3) The applicant is classified as either AHA functional Class I, Class II, or does not have heart disease.
 YES NO
- 4) To a reasonable degree of medical certainty, the applicant is medically qualified to operate a school bus or school pupil transport vehicle safely and fulfill any and all of the duties and responsibilities associated with such operation.
 YES NO

Physician's Information

 Name (please print)

 Board of Registration in Medicine Number

 Address (Street, City, Zip)

 Phone Number

I attest that, to a reasonable degree of medical certainty, the applicant is safe to operate a vehicle transporting school pupils as outlined in regulation 540 CMR 2.15.

Physician's Signature: _____ **Date:** _____