

APPLICATION FOR RENEWAL EXEMPTION FROM INSULIN-TREATED DIABETES MELLITUS REGULATIONS



IDAHO STATE DEPARTMENT OF EDUCATION
STUDENT TRANSPORTATION

650 W STATE STREET, 2ND FLOOR
BOISE, IDAHO 83702
208 332 6800 OFFICE
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REVISED 5/1/2019

The applicant identified above is subject to the provisions of 33-1509, Idaho Code, has previously been issued an Insulin-Treated Diabetes Mellitus exemption from ITDM physical examination requirements specific to driving a school bus in the State of Idaho and is seeking an exemption renewal. In considering exemptions and renewals, the Department must ensure that the issuance of diabetes exemptions will not be contrary to the public interest and that the exemption achieves an acceptable level of safety. Therefore, the Department will only consider granting exemption renewals to ITDM individuals who meet certain conditions and who submit any required supporting documentation, as required.

Date	
Hiring School District	
Contractor, if applicable	
District Street Address	
District Mailing Address	
District City, State, Zip	
Contact Person	
Contact Phone	
Applicant Name	
Applicant's CDL Number	
Issued	
Expiration Date	
Number of years driving school bus	
Approximate number of miles per year driving school bus	
Estimated number of miles driven per week	
Estimated number of daylight driving hours per week	
Estimated number of nighttime driving hours per week	
Copy of applicant's current commercial drivers licenses accompanies this application (check mark required)	
Copy of applicant's current DMV driver record check accompanies this application (check mark required)	
Applicant has operated a commercial motor vehicle with a diabetic condition controlled by the use of insulin while under the care of a board-certified or board-eligible endocrinologist or personal physician consulting with an endocrinologist and applicant so certifies (check mark required)	
Applicant has had no other disqualifying physical examination conditions including diabetes related complication and applicant so certifies (check mark required)	
Applicant has had no recurrent (two or more) hypoglycemic reactions resulting in a loss of consciousness or seizure within the past five years and applicant so certifies (check mark required)	
Applicant has had no recurrent hypoglycemic reactions requiring the assistance of another person within the past five years or has demonstrated stability for a period of at least one year following the first hypoglycemic episode and applicant so certifies (check mark required)	
Applicant has had no recurrent hypoglycemic reactions resulting in impaired cognitive function that occurred without warning symptoms within the past five years or has demonstrated stability for a period of at least one year following the first hypoglycemic episode and applicant so certifies (check mark required)	
Applicant has been examined by a board-certified or board-eligible endocrinologist (may be in concert with personal physician) who has conducted a complete and comprehensive medical	

examination including the applicant's medical history and current status with a report in compliance to 33-1509, Idaho Code, and a signed statement from the examining endocrinologist accompanies this application and the applicant so certifies (check mark required)		
Applicant has been examined by an ophthalmologist or optometrist and has not been diagnosed with diabetic retinopathy and meets the vision standard in accordance to 33-1509, Idaho Code, or the applicant has evidence of diabetic retinopathy but has no unstable proliferative diabetic retinopathy and a signed statement from the examining specialist accompanies this application and the applicant so certifies (check mark required)		
Applicant understands that there are special conditions attached to the issuance of any exemption for ITDM and the applicant understands the Department will impose ongoing requirements and the applicant agrees to comply with all SDE ongoing imposed requirements (see SISBO) and the applicant so certifies (check mark required)		
Applicant Signature	Date	
District Superintendent Signature	Date	
SDE Approved	Yes/ No	
ITDM Waiver Returned to District and Applicant On	Date	
Director of Student Transportation Signature	Date	