**Washington State Authorized School Bus Driver**



**Diabetes Exemption Program**

**HbA1c Report Section**

**Driver Information**

Last Name: First Name: MI:

Address:

City: State: ZIP code:

DOB (MM/DD/YYYY): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

This individual is fulfilling requirements to maintain a Washington State school bus driver diabetes exemption to be able to take insulin while operating a school bus in Washington State. Washington Administrative Code (WAC) 392-144-020(9)(d)(vi) requires the driver to provide to the authorizing school district(s) or employer, medical examiner or physician signed results of a Glycosylated hemoglobin A1c (A1c test).

Review of A1c test and blood glucose testing provides evidence of the driver’s ability to manage his/her diabetes mellitus and drive safely.

Please provide a copy of the following: Laboratory reports reflecting A1c test result(s), to include lab reference normal range.

Do the results of the HbA1c indicate values **less than 6.0 or greater than 9.5**?

YES [ ]  NO [ ]

If YES: In your medical opinion, was the event incidental and not an indication of failure to control glucose levels?

YES [ ]  NO [ ]

Medical Examiner’s or Physician’s Signature:

Medical license number: State of issue:

 Date of HbA1c

 (Part D is valid for 6 months from the date

 the doctor approves the HbA1c value.)