TECHNICAL ASSISTANCE NOTE **No. T-05-14**

Department of Education
John L. Winn,
Commissioner

School Business Services

School Transportation Management Section

Contact:
Kay Kanupp

(850) 245-9795
SC 205-9795

DATE: **March 24, 2005**

TO: **School District Transportation Directors**

FROM: **Charlie Hood, Director**
School Transportation Management

SUBJECT: **Medical Examination Forms (ESE 479) for 2005-06**

Ensuring continued access to educational programs requires an adequate supply of qualified school bus operators. It is time to request Medical Examination Forms (ESE 479) for school bus operators for the 2005-06 school year. We have attached a request order form to be completed and returned to this office by April 1, 2005. **If we do not receive your completed request order by April 1, 2005, your district will automatically receive the same number of forms as last year.** We anticipate sending out the forms for 2005-06 by early May. The forms will be shipped via the **DOE Distribution Center**. There is no longer an option of having them sent quarterly. You will receive the amount requested for the year in one shipment. If your district mail is sent to a post office box, someone will need to pick them up from the post office.

If you need additional Medical Examination Forms after receiving your shipment, you will need to order them from the Bureau of Program Planning and Development, Division of Workforce Development, 325 West Gaines Street, 644 Turlington Building, Tallahassee, Florida 32399-0400. If you wish to speak with someone in that section, please call Ms. Linda Lewis at 800-342-9271. The price for each additional form is $.10, and the minimum order is 25 forms.

If you have any questions or need more information, please call Kay Kanupp at 850-245-9795 or email to kay.kanupp@fldoe.org.

CH:kk

Attachment: Order Request for Medical Examination Forms

cc: District Superintendents (without attachments)
Charter Schools
Linda Lewis

Medical Examination Forms
Order Request

The _____ School District is requesting _____ Medical Examination Forms (ESE 479) for the 2005-06 school year.

Annual number of anticipated drivers in daily service for 2005-06	Annual number of anticipated substitutes for 2005-06	Annual number of anticipated other drivers (teachers, coaches, technicians, or volunteers) for 2005-06	Annual number of anticipated trainees for 2005-06	**Total number of anticipated forms needed for 2005-06**

Signed: _____

Position: _____

Date: _____

The forms will be delivered to a physical address only! If your address is a Post Office Box, someone from the district will be required to pick them up from the Post Office.

Return by April 1, 2005, to:

Department of Education
325 West Gaines Street
1114 Turlington Building
Tallahassee, FL 32399-0400
Attn: Kay Kanupp
FAX (850) 245 -9935