



# Medical Review Board Information – Bus Drivers – Insulin Dependence

WI Department of Transportation – Exception/Waiver/Chapter Trans 327

BDS360 2/2016

## What is a Medical Review Board?

A Medical Review Board is a panel of three doctors/health professionals who volunteer their time to make recommendations on exceptions to the Medical Standards for School Bus and/or Passenger Endorsements. They meet monthly rotating between the cities of Madison, Milwaukee and Marshfield.

If you are pursuing a School Bus or Passenger endorsement or have been cancelled/denied, you have the opportunity to request a review by the Medical Review Board. You can have your file reviewed or request to meet in person. *We strongly recommend that you meet in-person.* Once an appointment has been confirmed, the time allotted will be 15 minutes. If you choose to meet in-person, the health professionals will have the opportunity to discuss and question any concerns regarding your medical condition that may not be addressed in the medical information provided by your health professionals.

## When would you need a review by a Medical Review Board?

If you:

- » Are an insulin-dependent diabetic and you drive a school or passenger bus.
- » Have vision that does not meet medical federal standards.
- » Have some other disqualifying condition.

## How to request a review by a Medical Review Board (for insulin dependence):

- » Contact the DMV Medical Review and Fitness Unit to get a “Request for Medical Review” form. Complete the form.
- » Get a *Medical Examination Report* [MV3644](#) completed by your health professional (Sections A, D and G) based on an examination within the past 90 days.
- » Provide us with a narrative summary completed by your health professional which should include:
  - A history of your medical condition.
  - Diagnosis and compliance with your treatment program.
  - Assessment of current condition.
  - Result of any tests and/or evaluations conducted.
  - Recommendations for licensing.
- » If you will not be meeting in-person and requesting your file to be reviewed, a personal statement will be required:
  - Provide a statement detailing your symptom awareness for low blood sugar, what steps you take to prevent and/or treat low blood sugar, what resources you keep on hand for treatment, and any other information related to the management of your condition that you would like to share with the Medical Review Board. Also, if you have ever had an episode that required the assistance of another person to resolve, please indicate the date of the last episode and describe the frequency with which such episodes occur.
- » Recorded daily blood glucose readings. (Not required but highly recommended.)
- » Submit to:

Medical Review and Fitness Unit  
P.O. Box 7918  
Madison WI 53707-7918

Email: [dmvmedical@dot.wi.gov](mailto:dmvmedical@dot.wi.gov)  
Telephone: (608) 266-2327  
FAX: (608) 267-0518

*Keep a copy for your records.*

*Please contact the Medical Review and Fitness Unit if you have any questions.*