| **Virginia Board of Education Agenda Item** | **Seal of the Commonwealth of Virginia** |
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# Agenda Item: E

## Date: May 7, 2020

### Title: Final Review of Proposed Revisions to the School Bus Driver Physical Form (Form EB.001) in the *Regulations Governing Pupil Transportation*

#### Presenters: Mr. Kent Dickey, Deputy Superintendent of Budget, Finance, and Operations Mr. Kerry Miller, Associate Director for Pupil Transportation

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## Purpose of Presentation:

Action required by state or federal law or regulation.

**Executive Summary:**

The Board of Education approves regulations requiring persons applying for employment, and employed, to operate school buses to complete a physical examination of a scope prescribed by the Board of Education with the advice of the Medical Society of Virginia. The Virginia Department of Education (VDOE) furnishes a form prescribed by the Board of Education showing the results of such examination. The National Transportation Safety Board (NTSB) conducted investigations of major school bus traffic incidents in Tennessee, Maryland, and Iowa. The investigations revealed that school bus drivers developed physical conditions that negatively affected their ability to perform certain required school bus operator duties before the expiration of the driver’s physical certificate and failed to inform their school districts of their change in physical status. As a result of the investigations, the NTSB conducted nationwide assessments of state school bus driver physical forms. Based on the assessments, the NTSB recommends that all state school bus driver physical forms be revised to include additional driver certification in the event the driver develops a physical condition that could affect their ability to perform the duties of a school bus driver before the expiration of their annual physician’s certificate. The proposed changes to the Physical Form are noted in the underlined text as shown in Attachment A.

## Action Requested:

Final review: Action requested at this meeting.

**Superintendent’s Recommendation:**

The Superintendent of Public Instruction recommends the Board of Education approve the proposedrevisions to the school bus driver physical form (Form EB.001) for first review.

## Previous Review or Action:

No previous review or action.

Background Information and Statutory Authority:   
The Board of Education is authorized in Sections 22.1-176 and 22.1-178, *Code of Virginia,* to promulgate regulations regarding pupil transportation, including requirements for persons employed to drive school buses. A primary purpose of the *Regulations Governing Pupil* *Transportation* is to ensure the safe transport of Virginia’s public school students to and from school and related activities. In approving the proposed revisions to the school bus driver physical form (EB.001), the Board of Education is ensuring that the school bus driver physical form (EB.001) conforms to the recommendations from the NTSB.

Timetable for Further Review/Action:

Following Board approval, the Department of Education will notify school divisions of the revisions to the school bus driver physical form (EB.001) via Superintendent's Memo.

## Impact on Fiscal and Human Resources:

The administrative impact required in approving these regulations will be absorbed within existing agency resources

**ATTACHMENT**

1. Proposed Revisions to the School Bus Driver Physical Form (EB.001) in Response to Recommendations from the National Transportation Safety Board

Note: the proposed changes to the Physical Form are shown in underlined text.

**FORM EB.001 SCHOOL BUS DRIVER’S APPLICATION FOR PHYSICIAN’S CERTIFICATE** Page 1of 3

Revised ~~5-2017~~ 6-2020 This form is required under the provisions of Section 22.1-178 of the *Code of Virginia*

and Regulations of the Virginia Board of Education

**APPLICANT NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DIVISION** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SOCIAL SECURITY NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History (to be completed by the Applicant)** Please check if you have any history of the following:

\_\_\_\_\_ Diabetes \_\_\_\_\_ Muscle Disease \_\_\_\_\_ Loss of Vision

\_\_\_\_\_ Seizure Disorder/Epilepsy \_\_\_\_\_ Heart Disease \_\_\_\_\_ Loss of Hearing

\_\_\_\_\_ Head Injury \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Any Infectious Disease

\_\_\_\_\_ Brain Tumor \_\_\_\_\_ Paralysis of any Type \_\_\_\_\_ Orthopedic Injury

\_\_\_\_\_ Stroke \_\_\_\_\_ Loss of Motor Skills \_\_\_\_\_ Mental Health Problems

\_\_\_\_\_ Sleep Apnea \_\_\_\_\_ Loss of Consciousness \_\_\_\_\_ Respiratory Dysfunction

Have you ever received treatment for or been recommended by a physician

for treatment of alcoholism or drug abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently feel that you use alcohol to excess? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently use psychoactive drugs such as marijuana, cocaine, or other

similar drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently taking any prescribed medications or controlled substances? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take over the counter (nonprescription) medications,

herbal or natural preparations at times? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify I have answered the above questions truthfully and to the best of my ability. I hereby authorize the physician to release the information contained on this certificate to the school division**. **I certify I will inform the school division if I develop any physical condition before the expiration of my physician’s certificate that could affect my ability to perform my duties as a school bus driver, including assisting students to evacuate a school bus in an emergency.**

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL QUALIFICATIONS FOR SCHOOL BUS DRIVERS** Page 1 of 3

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| 1. No person shall drive a school bus unless that person is physically qualified to do so and has submitted a Certificate signed by the applicant and the doctor for the applicable employment period. 2. A person is physically qualified to drive a school bus if the individual: 3. Has no loss of a foot, a leg, a hand, or an arm which interferes with the ability to control and safely drive a school bus without reasonable accommodations; 4. Has no impairment of the use of a foot, a leg, a hand, finger, or an arm, and no other structural defect or limitation likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations; 5. Has no known medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations; 6. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, arrhythmia, or congestive cardiac failure; 7. Has no known medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely without reasonable accommodations; 8. Has no known current clinical diagnosis of high blood   pressure likely to interfere with the ability to operate a  school bus safely without reasonable accommodations; | 1. Has no known medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to control and operate a school bus safely without reasonable accommodations; 2. Has no known medical history or clinical diagnosis of epilepsy, seizure or any other condition which is likely to cause loss of consciousness or any loss of ability to control a school bus without reasonable accommodations; 3. Has no known mental, nervous, organic, functional disease or psychiatric disorder likely to interfere with the ability to drive a school bus safely without reasonable accommodations; 4. Has both distant and near visual acuity of at least 20/40 in each eye, and at least a field of 140 degrees of horizontal vision or a comparable measurement that demonstrates a visual field within this range, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; 5. First perceives a forced-whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951; and 6. Does not use an amphetamine, narcotic, marijuana or any habit-forming drug without appropriate physician supervision. |

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Revised ~~5-2017~~ 6-2020

**PHYSICIAN’S CERTIFICATE**  **APPLICANT’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Visual Acuity Without Corrective Lenses Distant R20/ \_\_\_\_\_\_\_\_\_\_\_ L20/ \_\_\_\_\_\_\_\_\_\_\_

Near R20/ \_\_\_\_\_\_\_\_\_\_\_ L20/ \_\_\_\_\_\_\_\_\_\_\_

2. Visual Acuity with Corrective Lenses Distant R20/ \_\_\_\_\_\_\_\_\_\_\_ L20/ \_\_\_\_\_\_\_\_\_\_\_

Near R20/ \_\_\_\_\_\_\_\_\_\_\_ L20/ \_\_\_\_\_\_\_\_\_\_\_

3. Color Vision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visual fields to 140 degree Horizontal sweep \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Hearing R\_\_\_\_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Audiometry (May be completed by other qualified persons if authorized by examining physician)

Decibel Loss with Hearing Aid at R500 Hz \_\_\_\_\_\_\_\_\_\_\_ 1000 Hz \_\_\_\_\_\_\_\_\_\_\_ 2000 Hz \_\_\_\_\_\_\_\_\_\_\_

L500 Hz \_\_\_\_\_\_\_\_\_\_\_ 1000 Hz \_\_\_\_\_\_\_\_\_\_\_ 2000 Hz \_\_\_\_\_\_\_\_\_\_\_

Decibel Loss without Hearing Aid at R500 Hz \_\_\_\_\_\_\_\_\_\_\_ 1000 Hz \_\_\_\_\_\_\_\_\_\_\_ 2000 Hz \_\_\_\_\_\_\_\_\_\_\_

L500 Hz \_\_\_\_\_\_\_\_\_\_\_ 1000 Hz \_\_\_\_\_\_\_\_\_\_\_ 2000 Hz \_\_\_\_\_\_\_\_\_\_\_

6. Audiometric Test Performed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Height \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_ B.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Check if Normal: Head \_\_\_\_\_\_\_ Lungs \_\_\_\_\_\_\_ Extremities \_\_\_\_\_\_\_

Eyes (including Fundi) \_\_\_\_\_\_\_ Heart \_\_\_\_\_\_\_ Neurologic \_\_\_\_\_\_\_

Ears \_\_\_\_\_\_\_ Abdomen \_\_\_\_\_\_\_ Throat \_\_\_\_\_\_\_ Genito-urinary system including hernia \_\_\_\_\_\_\_

X-ray, EKG, Urinalysis, and TB Skin Test Data (if indicated):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments on the History, Physical, Mental, and Emotional condition of Applicant by the Examining: Physician/Nurse Practitioner/Physician Assistant as defined in the *Code of Virginia***

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Revised ~~5-2017~~ 6-2020

**PHYSICIAN’S CERTIFICATE** **APPLICANT’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a duly licensed physician/nurse practitioner/physician assistant as defined in the *Code of Virginia*,

License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I certify that I have reviewed the Medical History as written hereon, examined the patient as noted above and with the knowledge of ~~his~~ the duties and the “Physical Qualifications for School Bus Drivers,” I find that he/she is mentally and physically fit to operate a school bus: without restriction \_\_\_\_\_\_\_\_, with corrective lenses \_\_\_\_\_\_\_\_, with a hearing aid \_\_\_\_\_\_\_\_\_.

As best I can determine, this individual does not have any conditions which might impair level of consciousness, perception, judgement, motor/mechanical functions, or otherwise impair the ability to safely operate a school bus.

As best I can determine by reviewing the history and exam as above, I have no reason to suspect that the applicant uses illegal drugs or excessive amounts of alcohol.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Notes**

1. The examining physician/nurse practitioner/physician assistant as defined in the *Code of Virginia,* should be aware of the physical, mental and emotional responsibilities and demands placed on a school bus driver. In the interest of public safety, the examining physician is required to certify that the driver does not have any physical, mental or organic defect of such a nature as to affect the driver’s ability to safely operate a school bus.
2. The following physical duties may be required of a school bus driver: the ability to open a school bus hood; stoop and inspect under a vehicle; operate emergency doors, roof hatches and windows; assist students from emergency exits or vehicle by lifting children out of wheelchairs, out of emergency doors, roof hatches and/or emergency windows; installing tire chains as applicable; operate push pull handle for bus entrance doors; operate wheelchair lifts including stooping and/or bending to secure wheelchairs for transportation; lift preschool children in and out of the vehicles, operate a standard transmission if necessary.
3. This report must be signed personally by the physician/nurse practitioner/physician assistant as defined in the *Code of* *Virginia* and returned to the school division requesting the certificate.