



# Medical Examination Report

## FOR COMMERCIAL DRIVER FITNESS DETERMINATION



<b>1. DRIVER'S INFORMATION</b>		Driver completes this section.					
Driver's Name (Last, First, Middle)	Social Security No.	Birthdate	Age	Sex	New certification Recertification Follow Up	Date of Exam	
Address	City, State, Zip Code	Work Tel:	Home Tel:	Driver License No.	License Class A            C B            D Other	State of Issue	

<b>2. HEALTH HISTORY</b>		Driver completes this section, but medical examiner is encouraged to discuss with driver.					
Any illness or injury in last 5 years? Head/Brain injuries, disorders or illnesses Seizures, epilepsy medication: Eye disorders or impaired vision (except corrective lenses) Ear disorders, loss of hearing or balance Heart disease or heart attack; other cardiovascular condition medication: Heart surgery (valve replacement/bypass, angioplasty, pacemaker) High blood pressure medication: Muscular disease Shortness of breath	Lung disease, emphysema, asthma, chronic bronchitis Kidney disease, dialysis Liver disease Digestive problems Diabetes or elevated blood sugar controlled by: diet            pills            insulin Nervous or psychiatric disorders, e.g., severe depression medication: Loss of, or altered consciousness	Fainting, dizziness Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring Stroke or paralysis Missing or impaired hand, arm, foot, leg, finger, toe Spinal injury or disease Chronic low back pain Regular, frequent alcohol use Narcotic or habit forming drug use					
For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.							

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

**Medical Examiners Comments on Health History** (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)