



D.O.T.

DRIVER INFORMATION Driver completes this section

Driver Name (first, middle, last, suffix)	Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Exam	Home Telephone ()
Street Address	City			State	Zip
					Work Telephone ()
Certification <input type="checkbox"/> New Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Follow Up	Driver License Number			License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other:	State of Issue

HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease, emphysema, asthma, chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Stroke or paralysis
		<input type="checkbox"/> Medication:	<input type="checkbox"/>	<input type="checkbox"/>	Digestive problems	<input type="checkbox"/>	<input type="checkbox"/>	Missing or impaired hand, arm, foot, leg, finger, toe
<input type="checkbox"/>	<input type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or elevated blood sugar controlled by:	<input type="checkbox"/>	<input type="checkbox"/>	Spinal injury or disease
<input type="checkbox"/>	<input type="checkbox"/>	Ear disorders, loss of hearing or balance			<input type="checkbox"/> Diet	<input type="checkbox"/>	<input type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or heart attack; other cardiovascular condition			<input type="checkbox"/> Pills	<input type="checkbox"/>	<input type="checkbox"/>	Regular, frequent alcohol use
		<input type="checkbox"/> Medication:			<input type="checkbox"/> Insulin	<input type="checkbox"/>	<input type="checkbox"/>	Narcotic or habit forming drug use
<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorders, e.g., severe depression			
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure <input type="checkbox"/> Medication:			<input type="checkbox"/> Medication:			
<input type="checkbox"/>	<input type="checkbox"/>	Muscular disease	<input type="checkbox"/>	<input type="checkbox"/>	Loss of, or altered consciousness			
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath						

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) used regularly or recently.

1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes. Once the causes have been identified, the next step is to develop a plan of action. This involves identifying the steps that need to be taken to solve the problem and determining the resources that will be needed to implement the plan. Finally, the last step in the process is to implement the plan and monitor the results. This involves putting the plan into action and tracking the progress of the solution to ensure that the problem is solved.

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 Certificate.

Driver Signature	Date
------------------	------

Medical Examiner Comments on Health History (The medical examiner must review and discuss with driver any "yes" answers and potential hazards of medications including over-the-counter medication, while driving. This discussion must be documented below.)

1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes. Once the causes have been identified, the next step is to develop a plan of action. This involves identifying the steps that need to be taken to solve the problem and determining the resources that will be needed to implement the plan. Once a plan of action has been developed, the next step is to implement the plan. This involves carrying out the steps that have been identified in the plan and monitoring the progress of the implementation. Finally, the last step in the process is to evaluate the results of the implementation. This involves determining whether the problem has been solved and whether the resources have been used effectively.

TESTING

[illegible]

Driver License Number

VISION (Numerical readings must be provided.) Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner Certificate.

Instructions: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report vision acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Acuity	Uncorrected	Corrected	Horizontal Field Of Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors? Applicant meets visual acuity requirement only when wearing: <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No Monocular Vision?
Right Eye	20/	20/	Right Eye	
Left Eye	20/	20/	Left Eye	
Both Eyes	20/	20/		

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Examination Date	Ophthalmologist or Optometrist Name	Phone ()	License Number	State	Signature
------------------	-------------------------------------	-------------------	----------------	-------	-----------

HEARING (Numerical readings must be provided.) Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB.
☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

Instructions: To convert audiometric test results from ISO to ANSI, -14dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

a) Record distance from individual at which forced whispered voice can first be heard.			b) If audiometer is used, record hearing loss in decibels (acc. to ANSI Z24.5-1951).						
Right Ear	Left Ear		Right Ear				Left Ear		
feet	feet		500 Hz	1000 Hz	2000 Hz		500 Hz	1000 Hz	2000 Hz
			Average				Average		

BLOOD PRESSURE/PULSE RATE (Numerical readings must be recorded.) Medical examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic	Reading	Category	Expiration Date	Recertification
Driver qualified if $\leq 140/90$.			140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$ One-time certificate for 3 months, if 141-159/91-99
Pulse Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular			160-179/100-109	Stage 2	One-time certificate for 3 months	1 year from date of exam if $\leq 140/90$
Record Pulse Rate			$> 180/110$	Stage 3	Disqualified 6 months from date of exam if $\leq 140/90$	6 months if $\leq 140/90$

LABORATORY AND OTHER TEST FINDINGS (Numerical readings must be recorded.)

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.	Urine Specimen	Sp. Gr.	Protein	Blood	Sugar
Other Testing (describe and record)					

PHYSICAL EXAMINATION

Height ft in	Weight lbs	Driver Name	Driver License Number
----------------------	---------------	-------------	-----------------------

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible; particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check "yes" if there are any abnormalities. Check "no" if the body system is normal. Discuss any "yes" answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See "Instructions To The Medical Examiner" for guidance.

Body System	Check For:	Body System	Check For:
1. General Appearance	<input type="checkbox"/> Yes* <input type="checkbox"/> No Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	7. Abdomen and Viscera	<input type="checkbox"/> Yes* <input type="checkbox"/> No Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.
2. Eyes	<input type="checkbox"/> Yes* <input type="checkbox"/> No Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to specialist if appropriate.	8. Vascular system	<input type="checkbox"/> Yes* <input type="checkbox"/> No Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
3. Ears	<input type="checkbox"/> Yes* <input type="checkbox"/> No Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.	9. Genito-urinary system	<input type="checkbox"/> Yes* <input type="checkbox"/> No Hernias.
4. Mouth and Throat	<input type="checkbox"/> Yes* <input type="checkbox"/> No Irremediable deformities likely to interfere with breathing or swallowing.	10. Extremities – Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	<input type="checkbox"/> Yes* <input type="checkbox"/> No Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.
5. Heart	<input type="checkbox"/> Yes* <input type="checkbox"/> No Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.	11. Spine, other musculoskeletal	<input type="checkbox"/> Yes* <input type="checkbox"/> No Previous surgery, deformities, limitation of motion, tenderness.
6. Lungs and chest, not including breast examination.	<input type="checkbox"/> Yes* <input type="checkbox"/> No Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.	12. Neurological	<input type="checkbox"/> Yes* <input type="checkbox"/> No Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.

Comments

Note certification status here. See "Instructions To The Medical Examiner" for guidance. <input type="checkbox"/> Meets standards in 49 CFR 391.41; qualifies for 2-year certificate. <input type="checkbox"/> Does not meet standards <input type="checkbox"/> Meets standards, but periodic evaluation required. Due to _____, driver qualified only for: <input type="checkbox"/> 3 months <input type="checkbox"/> 1 year <input type="checkbox"/> 6 months <input type="checkbox"/> Other: <input type="checkbox"/> Temporarily disqualified due to (condition or medication): Return to medical examiner's office for follow up on:	<input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Wearing hearing aid <input type="checkbox"/> Accompanied by a _____ waiver/exemption <input type="checkbox"/> Skill Performance Evaluation (SPE) Certificate <input type="checkbox"/> Driving within an exempt intracity zone. <input type="checkbox"/> Qualified by operation of 49 CFR 391.64
--	--

Medical Examiner Name	Title	License/Certificate Number	Medical Examiner Signature
Address	City	State	Zip
			Phone Number ()