MEDICAL EXAMINATION REPORT & MEDICAL EXAMINER'S CERTIFICATE

J. J. Keller & Associates, Inc.® Since 1953

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Medical Examination Report

649-F (Rev. 2/08) (6045)

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION Driver completes this section.

Driver's Name (Last, First, Middle)	Social Security No.	Birthdate	Age	Sex		Date of Exam
				☐ M ☐ F	☐ New Certification ☐ Recertification ☐ Follow Up	

Address	City, State, Zip Code	Work Tel: ( ) Home Tel: ( )	Driver License No.	License Class	State of Issue
				☐ A ☐ C ☐ B ☐ D ☐ Other	

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

Yes	No	
☐	☐	Any illness or injury in the 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

Yes	No	
☐	☐	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

Yes	No	
☐	☐	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 _____ D

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with th medications, including over-the-counter medications, while driving. This discussion must be documented belo

8 pages

MADE WITH PRIDE IN THE U.S.A.

SAMPLE