



APPLICATION FOR DRIVER'S MEDICAL CERTIFICATE

MEDICAL HISTORY

THIS CERTIFIES (FULL NAME AND ADDRESS)
D.O.B Height Weight Hair Eyes Sex
Social Security Number:

Table with 2 columns: Yes, No. Multiple rows for medical history items.

- Head or spinal injuries
Seizures, fits convulsions or fainting
Extensive confinement by illness or injury
Cardiovascular disease
Tuberculosis
Syphilis
Gonorrhoea
Diabetes
Gastrointestinal ulcer
Nervous stomach
Rheumatic fever
Asthma
Kidney disease
Muscular disease
Any other disease
Permanent defect from illness disease or injury
Psychiatric disorder
Any other nervous disorder

If answer to any of the medical history is yes, explain:

Blank lines for explanation of medical history answers.

PHYSICAL EXAMINATION

GENERAL APPEARANCE AND DEVELOPMENT:

Good: Fair: Poor:

VISION: For distance: Right: 20/ Left: 20/ Without corrective lenses With corrective lenses, if worn
Evidence of disease or injury: Right Left Color Test

HEARING: Right ear Left ear Disease or injury:

THROAT:
THORAX: Heart If organic disease is present, is it fully compensated?
Blood pressure: Systolic Diastolic
Pulse: Before exercise Immediately after exercise

ABDOMEN: Lungs: Scars Abnormal mass(es) Tenderness
Hernia: No Yes If yes, where? Is truss worn?

GASTROINTESTINAL: Ulceration or other disease? No Yes (Describe)

REFLEXES: Romberg Pupillary Light R L
Accommodation: Right Left
Knee Jerk: Right: Normal Increased Absent
Left: Normal Increased Absent
Remarks

EXTREMITIES: Upper Lower Spine

LABORATORY AND OTHER SPECIAL FINDINGS:
Urine: Spec. Gr. Alb. Sugar
Other laboratory data (serology, etc.)
Radiological data: Electrocardiograph

GENERAL COMMENTS:

(Street/PO Box of examining doctor)

(Name of examining doctor) (Print)

(Date of Examination)

(City, State, Zip of examining doctor)

(Signature of examining doctor)

(Name of applicant) (Print)

(Signature of applicant)

CHECK HERE IF NOT QUALIFIED

Empty box for 'CHECK HERE IF NOT QUALIFIED'.