

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**TESTING**

Pulse rate: \_\_\_\_\_ Pulse rhythm regular:  Yes  No Height: \_\_\_ feet \_\_\_ inches Weight: \_\_\_ pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
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Sitting			Urinalysis is required.				
Second reading (optional)			Numerical readings must be recorded.				

Other testing if indicated

*Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.*

**Vision**  
Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

**Hearing**  
Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

**Acuity**      Uncorrected      Corrected      Horizontal Field of Vision

Right Eye:      20/\_\_\_\_      20/\_\_\_\_      Right Eye: \_\_\_\_ degrees

Left Eye:      20/\_\_\_\_      20/\_\_\_\_      Left Eye: \_\_\_\_ degrees

Both Eyes:      20/\_\_\_\_      20/\_\_\_\_

Check if hearing aid used for test:  Right Ear  Left Ear  Neither

**Whisper Test Results**      Right Ear      Left Ear

Record distance (in feet) from driver at which a forced whispered voice can first be heard

\_\_\_\_\_

**Audiometric Test Results**

Right Ear	Left Ear
500 Hz	500 Hz
1000 Hz	1000 Hz
2000 Hz	2000 Hz
Average (right): _____	Average (left): _____

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Monocular vision       Yes  No

Referred to ophthalmologist or optometrist?       Yes  No

Received documentation from ophthalmologist or optometrist?       Yes  No

**PHYSICAL EXAMINATION**

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 neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/Spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)