Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION	Driver completes this section	is section						
Driver's Name (Last, First, Middle)	3	Social Security No.		Birthdate	Age	Sex	New Certification	Date of Exam
				M/D/Y		П П	Follow-up	
Address	City, State, Zip Code	Code	Work Tel: ()	0	Driver	Driver License No.	License Class	State of Issue
			Home Tel:	Tel: ()			B Other	
2. HEALTH HISTORY Drive	r completes this	section, but med	ical examine	Driver completes this section, but medical examiner is encouraged to discuss with driver.	o discus	s with d	river.	
Yes No		Yes No					Yes No	
Any illness or injury in the last 5 years? Head/Brain injuries, disorders or illnesses Seizures, epilepsy medication	llnesses		Lung disease, emphysel Kidney disease, dialysis Liver disease Digestive problems Diabetes or elevated blo	Lung disease, emphysema, asthma, chronic bronchitis Kidney disease, dialysis Liver disease Digestive problems Diabetes or elevated blood sugar controlled by:	a, chronic ontrolled	bronchitis	Fainting, dizziness Sleep disorders, pa while asleep, day snoring	Fainting, dizziness Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
Eye disorders or impaired vision (except corrective lenses) Ear disorders, loss of hearing or balance Heart disease or heart attack; other cardiovascular condition	except corrective lense valance er cardiovascular cond	ition	diet pills insulin	alin or psychiatric disorders, e.g., severe decression	o seven	e depress		Stroke or paralysis Missing or impaired hand, arm, foot, leg, finger, toe Spinal injury or disease
Heart surgery (valve replacement/bypass, angioplasty.	bypass, angioplasty,		medication	ion	1		Chronic low back pain	back pain
High blood pressure medication Muscular disease Shortness of breath	tion		Loss of, or alt	or altered consciousness			Narcotic or h	Regular, frequent alcohol use Narcotic or habit forming drug use
For any YES answer, indicate onset date, diagnosis, trea over-the-counter medications) used regularly or recently.	set date, diagnos ed regularly or re	sis, treating physic ecently.	cian's name	onset date, diagnosis, treating physician's name and address, and any current limitation. used regularly or recently.	any cu	rrent lim	itation. List all medications (including	tions (including
I certify that the above information is complete and true. Medical Examiner's Certificate.	is complete and	_	ind that inacc	curate, false or mi	ssing in	formatic	understand that inaccurate, false or missing information may invalidate the examination and my	xamination and my
	Driver's Signature	ature					Date	

Medical Examiner's 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. This discussion must be documented below.)

TESTING (Medical E	xaminer o	omplete	s Section	TESTING (Medical Examiner completes Section 3 through 7) Name: Last,	Name: Last,	F	First,		Middle,	dle,		
3. VISION		Standard: At least 20/40 acuity (Snellen) in eameasured in each eye. The use of corrective	t 20/40 acu eye. The	ity (Snelle use of cor	n) in each eye wi rective lenses sh	Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.	ion. At least 70 e Medical Exam	degree	s peripho ertificate	eral in hou	rizontal	meridia	5
INSTRUCTIONS: When other than the Snellen chart is used, give test results in ratio with 20 as numerator and the smallest type read at 20 feet as denominator. habitually wears contact lenses, or intends to do so while driving, sufficient evide	: When other th numerator and t contact lenses,	nan the Snellen he smallest typ or intends to d	chart is used e read at 20 o so while dr	d, give test r feet as deno riving, suffici	7 10	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 visual 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 drive 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.	In recording distance vision, use 20 feet as normal. ctive lenses, these should be worn while visual acuity daptation to their use must be obvious. <i>Monocular</i> of	sion, use id be worn	20 feet as while vis ous. Mor	normal. Rual acuity is nocular dri	Report visual acuity as a is being tested. If the dr	ual acuity sted. If t	as a he drive lified.
Numerical rea	readings must be provided	e provided.				Applicant can recognize and distinguish among traffic control	ognize and disting	uish amo	ng traffic o	ontrol			Yes
ACUITY	UNCORRECTED		CORRECTED	HORIZONTAL FIELD	AL FIELD OF VISION	signals and devices showing standard red, green, and amber colors	es showing stand	ard red, g	een, and	amber cord	, S.I.		No
Right Eye	20/	20/		Right Eye	0	Applicant meets visual acuity requirement only when wearing:	visual acuity req	uiremen	only wh	en wearing	ų.		
Left Eye	20/	20/		Left Eye	0	Corrective Lenses	Lenses						
Both Eyes	20/	20/				Monocular Vision: Yes	Yes	No					
Complete next line only if vision testing is done by an opthalmologist or	line only if vis	sion testing is	done by an	opthalmol	ogist or optometrist								
Date of Examination 4. HEARING INSTRUCTIONS: T	0		valoriet or (icense No / State of Issue						
Numerical readings must be recorded	A SPILL DISTANCE	Name of Ophthalmologist or Optometrist (print) andard: a) Must first perceive forced whispe Check if hearing aid used for tests. Checl Checl Check if hearing aid used for tests. Checl Check if hearing aid used for tests. Check Check if hearing aid used for tests. Check if hearing aid used for tests. Check if hearing aid used for tests.	first perceivaid used for ast results fro	Optometrist ve forced vertests. mr ISO to AN	whispered voice 2 Check if hearing	Name of Ophthalmologist or Optometrist (print) Tel. No. License No./ State of Issue Signature Standard: a) Must first perceive forced whispered voice > 5 ft., with or without hearing aid, or b) average hearing loss in Check if hearing aid used for tests. Check if hearing aid required to meet standard. To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the nd divide by 3.	t hearing aid, ottandard. 000 Hz, -8.5 dB fr	of Issue or b) ave	400	Signature ge hearing loss in better ear ≤ To average, add the readings for 3	in bette	better ear ≤ 40 dB	40 dB
a) Record distance from individual at which	umerical readings must be re	ne of Ophthaln ard: a) Must f ack if hearing: t audiometric to y 3. e recorded.	irst perceivaid used for set results fro	Optometrist ve forced vertests. mr ISO to AN	whispered voice 2 Check if hearing	5 ft., with or withou aid required to meet so for 500Hz, -10dB for 1,	t hearing aid, of tandard. 000 Hz, -8.5 dB fr	of Issue or b) ave or 2000 H Right Ear	400	Signaturing loss	in bette	gs for 3	40 dB
TOLOGO WINSPOR	lings must be nee from indiv	ard: a) Must fack if hearing to audiometric to taudiometric to y 3. be recorded. ridual at which its heard and heard to be heard.	irst perceivaid used for est results fro	Optometrist (p ve forced wh r tests.	whispered voice some Check if hearing USI, -14 dB from ISC	Ce > 5 ft., with or without hearing airing aid required to meet standard. ISO for 500Hz, -10dB for 1,000 Hz, -8.5 (a) If audiometer is used, record hearing loss in the ANSI 724 5,1951)	t hearing aid, of tandard. 000 Hz, -8.5 dB for hearing loss in	or b) ave	- 48	Signaturing loss	in bette the readin Left Ear	gs for 3	40 dB
5. BLOOD P	A) Record distance from individual at whice forced whispered voice can first be heard.	ard: a) Must fack if hearing taudiometric to y 3. e recorded. ridual at which irst be heard.	irst perceival aid used for est results fro	Optometrist ive forced vor tests. om ISO to AN Feet Left E	whispered voice 2 Check if hearing USI, -14 dB from ISC	License N 5 ft., with or without hea g aid required to meet standa for 500Hz, -10dB for 1,000 H fraudiometer is used, record hearing decibels. (acc. to ANSI Z24.5-1951)	t hearing aid, of tandard. 000 Hz, -8.5 dB for the tandard in tand	of Issue or b) ave or 2000 H Right Ear 500 Hz Average:	- 45	Signaturing loss	in bette he readin Left Ear 500 Hz Average:	gs for 3	40 dB
Blood	adings must be recorded. tance from individual at whice red voice can first be heard PRESSURE/ PULSE RATE	ard: a) Must fack if hearing the audiometric to a vidual at which irst be heard. ULSE RATE	Right ear	Optometrist ve forced vertests. In ISO to AN Feet Left E	gist or Optometrist (print) Tel. No. perceive forced whispered voice ≥ 5 ft. Sed for tests. ☐ Check if hearing aid results from ISO to ANSI, -14 dB from ISO for 5 \ \ Feet \ \ Feet \ \ Feet \ \ \ Feet \ \ \ Left Ear \ \ Feet \ \ \ decibels \ \ \ decibels \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 ft., with or withou aid required to meet st for 500Hz, -10dB for 1, audiometer is used, record cibels. (acc. to ANSI Z24.5	with or without hearing aid, or b) average hearing loss in better earling to meet standard. OHz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for eter is used, record hearing loss in (acc. to ANSI Z24.5-1951) Medical Examiner should take at least two readings to confirm BP	or b) ave or 2000 H Right Ear 500 Hz Average:	7 3	Signaturing loss	in bette he readin Left Ear 500 Hz Average:	gs for 3 1000 Hz	40 dB
ure	lings must be nee from indived voice can find the RESSURE/ P	ard: a) Must fack if hearing taudiometric to taudiometric to y 3. e recorded. ridual at which rist be heard. ULSE RATE	Reading	Optometrist ve forced vertests. In ISO to AN Feet Left E Feet	whispered voice and the control of t	5 ft., with or withous id required to meet so for 500Hz, -10dB for 1, udiometer is used, record cibels. (acc. to ANSI Z24.5 ded. Medical Exami	t hearing aid, of tandard. 000 Hz, -8.5 dB for the tandard. hearing loss in (-1951)	of Issue or b) ave or 2000 H Right Ear 500 Hz Average: e at leas	7 5 6	Signatun hearing loss in average, add the Hz 2000 Hz 50 readings to co	in bette in bette he readin Left Ear 500 Hz Average: confirm	gs for 3	40 dB
Driver qualified if ≤140/90	dings must be nee from indiverse can find voice can	dard: a) Must theck if hearing by 3. be recorded. first be heard. PULSE RATE Diastolic	Reading 140-159/90-99	Optometrist ve forced vertests. In ISO to AN Feet Left E Feet Cal readin	whispered voice and Check if hearing longs must be recorded by if the control of	5 ft., with or withousid required to meet softer 500Hz, -10dB for 1, audiometer is used, record cibels. (acc. to ANSI Z24.5 ded. Medical Exami	thearing aid, of tandard. 000 Hz, -8.5 dB from the tandard in the tandard in the tandard in tandar	or b) ave or 2000 H Right Ear 500 Hz Average: e at leas	To 1000	Signature hearing loss in b average, add the re average, add the re Average to con Recertification 1 year if <140/90.	in bette in bette he readin he readin Zon Hz Average: confirm /90.	gs for 3 BP.	2000 H
Pulse Rate: Regular	lings must be nee from indived voice can find voic	ard: a) Must fack if hearing to audiometric to audiometric to y 3. e recorded. ridual at which irst be heard. ULSE RATE iastolic	Reading 140-159/9	Optometrist ve forced vertests. In tests. Left E Feet Left E Feet O-99	whispered voice and Check if hearing ar Neet be record to Category Category Stage 1	5 ft., with or withouald required to meet store 500Hz, -10dB for 1, audiometer is used, record cibels. (acc. to ANSI Z24.5 ded. Medical Exami	thearing aid, of tandard. 000 Hz, -8.5 dB for thearing loss in (-1951)	or b) ave or 2000 H Right Ear 500 Hz Average: e at leas	To To	Signature hearing loss in better ear ≤ 40 dE average, add the readings for 3 Left Ear Hz 2000 Hz 500 Hz 1000 Hz 2000 Average: Recertification 1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.	in bette in bette he readin he readin Left Ear 500 Hz Average: confirm confirm on /90. /90.	gs for 3 gs for 3 mor	40 dB
Record Pulse Rate:	RESSURE/ P Systolic D A if <140/90.	me of Ophthaln dard: a) Must f neck if hearing and audiometric to by 3. be recorded. lividual at which first be heard. PULSE RATE Diastolic Diastolic	Reading 160-179/100-109	Optometrist ve forced vertests. In ISO to AN ical readin 0-99 00-109	whispered voice and Check if hearing to the local loca	License No./ State 5 ft., with or without hearing aid, aid required to meet standard. for 500Hz, -10dB for 1,000 Hz, -8.5 dB audiometer is used, record hearing loss in cibels. (acc. to ANSI Z24.5-1951) ded. Medical Examiner should tal Expiration Date 1 year One-time certificate for 3 months	thearing aid, of tandard. 000 Hz, -8.5 dB from the tandard. hearing loss in 1951) iner should tak iner should tak	or b) ave or 2000 H Right Ear 500 Hz Average: e at leas	To a	Signature Signature earing loss in better ear ≤ 40 dB verage, add the readings for 3 Left Ear Left Ear Average: Average: ecertification year if ≤140/90. he-time certificate for 3 months if 41-159/91-99. year from date of exam if ≤140/90	in bette in bette he readin he readin Left Ear 500 Hz Average: confirm confirm jn jn jficate fo	gs for 3 gs for 3 1000 Hz BP. BP.	40 dB 2000 H
	Ings must be nee from indived voice can find voice	ard: a) Must fack if hearing to audiometric to the audiometric to y 3. The recorded. In the individual at which it is the heard. ULSE RATE In the initial initiali initial initial initial initial initial initial initial initial	Reading 160-179/10 Numer	Optometrist ve forced v r tests. m ISO to AN rical readin 0-99 00-109	whispered voice and Check if hearing to the large of the	5 ft., with or without hearing aid, or b) aid required to meet standard. for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 200 audiometer is used, record hearing loss in cibels. (acc. to ANSI Z24.5-1951) Expiration Date 1 year One-time certificate for 3 months.	thearing aid, of tandard. 000 Hz, -8.5 dB for 1951) hearing loss in 1951) hearing loss in 1951) hearing loss in 1951) he for 3 months. he of exam if <14	or b) ave or 2000 H cor 2000 H Right Ear Average: Average:	two r	Signate hearing loss average, add to average add to readings to readings to Recertificatio 1 year if <140 One-time cert 141-159/91-9 1 year from di	in bette in bette he readin he readin Left Ear 500 Hz Average: confirm confirm on //90. ifficate fo	gs for 3 gs for 3 foo Hz am if ≤1	40 dB 2000 Hz
_	Ings must be red nce from individual ad voice can first be RESSURE/ PULS	ard: a) Must first pervack if hearing aid used taudiometric test results by 3. e recorded. idual at which irst be heard. ULSE RATE Nur Readin 160-17 180/1	Right ear Numer Reading 160-179/10 >180/110	Optometrist ve forced vertests. In tests. Left E Feet Cal readin 0-99 Numeric	forced whispered voice sts. Check if hearing: SO to ANSI, -14 dB from ISC So to ANSI, -14 dB from ISC Category Category Stage 1 Numerical readings mus	b) If audiometer is used, recorded. Expiration Date 1 1 year One-time certificat must be recorded. Lice Lice No. Lice Lice With or withou with or withou meet s meet s necorded to meet s Lice Norwithou meet s necorded to meet s Lice Norwithor with or withou meet s necorded to meet s Lice Lice Lice Single Parity Lice Lice Single Lice Single Lice Lice Single Lice Lice Single Single Lice Single Single Lice Single Single Lice Single Sin	hearing loss in hearing loss in (1951) hearing loss in (1951) he for 3 months. he of exam if <14	or Issue or 2000 H or 2000 H Right Ear Average: a t leas a t leas b 10/90	GR. GR.	Signature rage, add the Left 2000 Hz 500 Ave adings to co ertification ear if <140/90 e-time certific -159/91-99. ear from date onths if < 14	in bette in bette in bette he readin he readin Left Ear 500 Hz Average: confirm confirm jn jn j140/90 140/90 BL(3 3 2000 Hz 20
6. LABORATORY		ard: a) Must fack if hearing taudiometric to y 3. e recorded. idual at which rest be heard. ULSE RATE iastolic iastolic	Right ear Numer Reading 160-179/10 >180/110	Optometrist ve forced vertests. r tests. m ISO to AN rical readin 0-99 0-109 Numerical	Standard: a) Must first perceive forced whispered voice ≥ 5 ft., Check if hearing aid used for tests. Check if hearing aid red To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 50 and divide by 3. s must be recorded. from individual at which pice can first be heard. Numerical readings must be recorded. SURE/ PULSE RATE Numerical readings must be recorded. Reading Category Example 140/90. 2140/90. 2180/110 Stage 2 Or 2180/110 Stage 3 6 recorded. Numerical readings must be recorded. Stage 3 6 recorded. Numerical readings must be recorded.		thearing aid, or b) at tandard. 000 Hz, -8.5 dB for 200 hearing loss in 1951) hearing loss in 500 Hz 1951) Average of exam if <140/90 URINE SPECIMEN	or b) ave or 2000 H or 2000 H Right Ear Average: e at leas	To a	Signate rage, add to rage, add to rage, add to rage addings to addings to ertification on the form dispersion dispersione dispe	in bette in bette in bette he readin he readin Left Ear 500 Hz Average: confirm confirm ate of ex ate of ex		40 dB 2000 Hi 140/90

7. PHYSICAL EXAMINATION Height: (in.) Weight: (lbs.) Name: Last, First, Mic 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 amen 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 nece	
PHYSICAL EXAMINATION Height: (in.) Weight: (lt.) research of a certain condition may not necessarily disqualify a driver, particularly if the condition does not disqualify a driver, the medical examiner may consider deferrence of the condition does not disqualify a driver.	
PSICAL EXAMINATION Height: (in.) Weight: (It condition does not disqualify a driver, the medical examiner may consider deferrence of a certain condition may not necessarily disqualify a driver, particularly if the medical examiner may consider deferrence of the condition does not disqualify a driver, the medical examiner may consider deferrence of the condition does not disqualify a driver.	
CAL EXAMINATION Height: (in.) Weight: (lt.) of a certain condition may not necessarily disqualify a driver, particularly if to does not disqualify a driver, the medical examiner may consider deferring the medical examiner may consider the medical examiner may cons	
EXAMINATION Height: (in.) Weight: (It sertain condition may not necessarily disqualify a driver, particularly if the does not disqualify a driver, the medical examiner may consider deferred	
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the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving. to treatment. steps to correct

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. 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

7			_					,
_	BODY SYSTEM	CHECK FOR:	YES*	O	BODY SYSTEM	CHECK FOR:	YES	ON
	. General Appearance	drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hemia, significant abdominal wall muscle		
P. 2	2. Eyes	Pupillary equality, reaction to light, accommodation, ocular				weakness.		
		motility, ocular muscle imbalance, extraocular movement,			8. Vascular System	Abnormal pulse and amplitude, cartoid or		
		nystagmus, exopninalmos. Ask about retinopatny, cataracts, aphakia, glaucoma, macular degeneration and refer to a				arterial bruits, varicose veins.		
					9. Genito-urinary System	Hernias.		
	3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			10. Extremities- Limb	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy,		
	4. Mouth and Throat	periorated eardining.			be subject to SPE	weakness, paralysis, clubbing, edema,		
		Irremediable deformities likely to interfere with breathing or swallowing.			certificate if otherwise qualified.	in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb		
120	5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker,				to operate pedals properly.		
		implantable defibrillator.			11. Spine, other	Previous surgery, deformities, limitation of		
_	Lungs and chest,	Abnormal chest wall expansion, abnormal respiratory rate,						
	not including breast	abnormal breath sounds including wheezes or alveolar rales,			12. Neurological	pattern; asymmetric deep tendon reflexes,		
	gyallillanoli	physical exam may require further testing such as pulmonary tests and/ or xray of chest.				sensory or positional abnormalities, abnormal patellar and Babinki's reflexes, ataxia.		
е. Г	*COMMENTS:			П				

Note certification status here. Return to medical examiner's office for follow up on Driver qualified only for: 3 months Meets standards, but periodic monitoring required due to Meets standards in 49 CFR 391.41; qualifies for 2 year certificate Temporarily disqualified due to (condition or medication): Does not meet standards See Instructions to the Medical Examiner for guidance 6 months □1 year □ Other Medical Examiner's name Medical Examiner's signature Telephone Number Wearing corrective lense Skill Performance Evaluation (SPE) Certificate exemption at time of certification. Accompanied by a Wearing hearing aid Qualified by operation of 49 CFR 391.64 Driving within an exempt intracity zone (See 49 CFR 391.62) waiver/ exemption. Driver must present