Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION Driver completes this section.

Driver's Name (Last, First, Middle)	Social Security Number	Birthdate M/D/Y	Age	Sex M F	☐ New Certification ☐ Recertification ☐ Follow-up	Date of Exam

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

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

Yes	No		Yes	No		Yes	No	
☐	☐	Any illness or injury in the last 5 years?	☐	☐	Lung disease, emphysema, asthma, chronic bronchitis	☐	☐	Fainting or dizziness
☐	☐	Head/brain injuries, disorders or illnesses	☐	☐	Kidney disease, dialysis	☐	☐	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐	☐	Seizures, epilepsy	☐	☐	Liver disease	☐	☐	Stroke or paralysis
	☐	medication _____	☐	☐	Digestive problems	☐	☐	Missing or impaired hand, arm, foot, leg, finger, toe
☐	☐	Eye disorders or impaired vision (except corrective lenses)	☐	☐	Diabetes or elevated blood sugar controlled by:	☐	☐	Spinal injury or disease
☐	☐	Ear disorders, loss of hearing or balance			☐ diet	☐	☐	Chronic low back pain
☐	☐	Heart disease or heart attack; other cardiovascular condition			☐ pills	☐	☐	Regular, frequent alcohol use
	☐	medication _____			☐ insulin	☐	☐	Narcotic or habit forming drug use
☐	☐	Heart surgery (valve replacement, angioplasty, pacemaker)	☐	☐	Nervous or psychiatric disorders such, eg., severe depression			
☐	☐	High blood pressure ☐ medication _____			☐ medication _____			
☐	☐	Muscular disease	☐	☐	Loss of, or altered consciousness			
☐	☐	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 medications) used regularly or recently.

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I certify the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and Medical Examiner's Certificate.

_____ Driver's Signature

_____ Date

Medical Examiners 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.)

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