

Driver's Name _____

DL# _____

SS# _____

Testing (Medical Examiner completes Section 3 through 7)

3. Vision - 391.41 (b) (10)

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

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 driver 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.

Numerical readings must be provided.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye	20/	20/	Right Eye ◦
Left Eye	20/	20/	Left Eye ◦
Both Eyes	20/	20/	

Complete this section if vision testing is done by an Ophthalmologist or Optometrist.

Date of Examination _____ Telephone No. _____

Name of Ophthalmologist or Optometrist (Print) _____

Signature _____

License No./State of Issue _____

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing: Corrective Lenses

Monocular Vision: Yes No

4. Hearing - 391.41 (b)(11)

Standard: a) Must first perceive forced whispered voice \geq 5 feet with or without hearing aid, or b) Average hearing loss in better ear \leq 40dB

Check if hearing aid used for tests.

Check if hearing aid is required to meet standard.

Instructions: To convert audiometric test results from ISO to ANSI, -14dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5dB for 2,000Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear			Left Ear		
	Feet:			Feet:		
	b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)			b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)		
	Right Ear	1000Hz	2000Hz	Left Ear	1000Hz	2000Hz
	Average:			Average:		

5. Blood Pressure/Pulse - 391.41 (b)(6)

Numerical readings must be recorded. Medical Examiner should take two readings to confirm BP

Blood Pressure	Systolic	Diastolic
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Driver qualified if \leq 140/90 .

Pulse Rate	<input type="checkbox"/> Regular
	<input type="checkbox"/> Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if \leq 140/90 One-time certificate for 3 months if 140-159/90-99
160-179/100-109	Stage 2	One-time certificate for 3 months	1 year from date of exam if \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 140/90 ,

Medical examiner should take at least 2 readings to confirm blood pressure.

6. Laboratory & Other Test Finding

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication that further testing is needed to rule out any underlying medical problem.

Urine Specimen:	SP. GR.	Protein	Blood	Sugar
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Other Testing (Describe and record): _____

Driver's Name _____ DL# _____ SS# _____

7. Physical Examination

Height _____ (in.) Weight _____ (lbs.)

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 the condition, if neglected, could result in a more serious illness that might affect driving.

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 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.

Body System	Check for:	Yes	No
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums	<input type="checkbox"/>	<input type="checkbox"/>
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing and swallowing.	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.	<input type="checkbox"/>	<input type="checkbox"/>
7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.	<input type="checkbox"/>	<input type="checkbox"/>
8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.	<input type="checkbox"/>	<input type="checkbox"/>
9. Genito-urinary system	Hernias.	<input type="checkbox"/>	<input type="checkbox"/>
10. Extremities - Limb impaired. Driver may be subject to SPE Certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.	<input type="checkbox"/>	<input type="checkbox"/>
11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.	<input type="checkbox"/>	<input type="checkbox"/>
12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.	<input type="checkbox"/>	<input type="checkbox"/>

*Comments _____

Note certification status here. See *Instructions to the Medical Examiner* for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- Meets standards, but periodic evaluation required.
 - Due to _____ driver qualified only for:
 - 3 months
 - 6 months
 - 1 year
 - Other
- Qualified by operation of 49 CFR 391.64 (See page 3 of instructions)
- Does not meet standards
- Wearing corrective lenses
- Wearing hearing aid
- Driving within an exempt intracity zone (see 49 CFR 391-62)
- Skills Performance Evaluation (SPE) Certificate (See page 3 of instructions)
- Accompanied by a _____ waiver/exemption
Driver must present exemption at time of certification.
- Temporarily disqualified due to (condition or medication) _____
Return to Medical Examiner's office for follow up on _____

Medical Examiner's Name (Print) _____ Medical Examiner's Signature _____
 Telephone Number _____ Address _____

If meets DOT standards, complete the DOT Medical Examiner's certificate according to 49 CFR 391.43 (h).

