

# Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

<b>1. DRIVER'S INFORMATION</b>		Driver completes this section.																																																														
Driver's Name (Last, First, Middle)		Social Security No.		Birthdate	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow Up	Date of Exam																																																								
Address	City, State, Zip Code		Work Phone (    )  Home Phone (    )		Driver's License No.		License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue																																																								
<b>2. HEALTH HISTORY</b>			Driver completes this section, but the medical examiner is encouraged to discuss with driver.																																																													
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I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
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 medication, including over-the-counter medications, while driving.)

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