

## APPLICATION FOR DRIVER'S MEDICAL CERTIFICATE

RECEIPT FROM DOCTOR'S OFFICE IS REQUIRED

## MEDICAL HISTORY

THIS CERTIFIES	(FULL NAME A	ND ADDRESS)			Head or spinal injuries Seizures, fits convulsions or fainting Extensive confinement by illness or injury Cardiovascular disease Tuberculosis Syphilis Gonorrhea		
D.O.B	Height	Weight Hair	Eyes Sex		Diabetes Gastrointestinal ulcer		
Social Security	Number:				Nervous stomach		
					Rheumatic fever		
	RECEIPT FRO	W DOCTOR'S OFFICE RE	DUIRED	-+-	Asthma Kidney disease		
If answer to a		cal history is yes, exp			Muscular disease		
No.			TENNESS AND		Any other disease Permanent defect from illness disease or injury	ur.	
					Psychiatric disorder	y	
					Any other nervous disorder		
			PHYSICAL	EXAMINA	TION		
GENERAL AP		ND DEVELOPMENT:	Poor				
VISION:	For distance	Fair: ce: Right: 20/	Left: 20/				
		Without co	rrective lenses	Witl	corrective lenses, if worn		
	Evidence o	of disease or injury:	Right	Left	Color Test		
HEARING:	Right ear	Left	ear	Disease of	or injury:		
THROAT:							
THORAX: Heart If organic disease is present, is it fully compensated?							
	Puls		lm	mediately af	ter exercise		
ABDOMEN:	Lungs: _	Lungs: Abnormal mass(es) Tenderness					
ADDOMEN.	Hernia: N	o Yes	If yes, where?		ls truss worn?		
GASTROINTE	ESTINAL:						
REFLEXES:	Romberg Pupillary Light R L           Accomodation: Right Left						
	Knee Jerk	: Right: Normal	Inc	reased	Absent		
		Left: Normal	Incre	eased	Absent		
		lemarks					
EXTREMETIE		1.	ower	Sn	ine		
LABORATOR	The second secon	R SPECIAL FINDINGS:	0.	Jp			
	Urine: Sp	ec. Gr A	lib Su	ıgar	_		
		ratory data (serolo		P=1 /	No I		
	Radiologic	eal data:		Fleci	rocardiograph		
GENERAL CO	OMMENTS:						
<del> </del>		And the land of the first of th					
(Street/PO Bo		(Street/PO Box of	examining doctor	or)	(Name of examining doctor) (Print)		
(Date of Examination) (City, State, Z		(City, State, Zip of	o of examining doctor)		(Signature of examining doctor)		
(Name of applicant) (Print)			(Signature of applicant)		CHECK HERE IF NOT QUALIFIED		