

4. Hearing

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 40 dB.

Check if hearing aid used for tests. Check if hearing aid required to meet standard.

Instructions: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. 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 _____ feet

Left ear _____ feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951):

Right ear 500 Hz _____ 1,000 Hz _____ 2,000 Hz _____ Average _____

Left ear 500 Hz _____ 1,000 Hz _____ 2,000 Hz _____ Average _____

5. Blood Pressure/ 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 141-159/91-99.
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

Numerical readings must be recorded. Medical examiner should take at least 2 readings to confirm BP.

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

Pulse Rate Regular Irregular Record pulse rate _____

6. Laboratory and Other Test Findings

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

Numerical readings must be recorded:

Urine specimen Sp. Gr. _____ Protein _____ Blood _____ Sugar _____

Other testing: (Describe and record.) _____

7. Physical Examination

Height _____ inches **Weight** _____ pounds

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 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.

Yes	No	Body System	Check for
1. <input type="checkbox"/>	<input type="checkbox"/>	General appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.
2. <input type="checkbox"/>	<input type="checkbox"/>	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.
3. <input type="checkbox"/>	<input type="checkbox"/>	Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.
4. <input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.
5. <input type="checkbox"/>	<input type="checkbox"/>	Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.
6. <input type="checkbox"/>	<input type="checkbox"/>	Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rates, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.
7. <input type="checkbox"/>	<input type="checkbox"/>	Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.
8. <input type="checkbox"/>	<input type="checkbox"/>	Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
9. <input type="checkbox"/>	<input type="checkbox"/>	Genitourinary system	Hernias.
10. <input type="checkbox"/>	<input type="checkbox"/>	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.
11. <input type="checkbox"/>	<input type="checkbox"/>	Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.
12. <input type="checkbox"/>	<input type="checkbox"/>	Neurological	Impaired equilibrium, coordination or speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.

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

Does not meet standards

Meets standards, but periodic evaluation required due to _____

Driver qualified only for: 3 months 6 months 1 year other

Temporarily disqualified due to (condition or medication) _____

Return to medical examiner's office for follow-up on _____

Wearing corrective lenses

Wearing hearing aid

Accompanied by a _____ waiver/exemption.

Driver must present exemption at time of certification.

Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (See 49 CFR 391.62)

Qualified by operation of 49 CFR 391.64

Medical Examiner _____

PRINT NAME & TITLE

Medical Examiner's signature **X** _____

Address _____

Date of examination _____ Telephone number _____