

7. PHYSICAL EXAMINATION

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

Name: Last, First, Middle,

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.

BODY SYSTEM	CHECK FOR:	YES* NO	BODY SYSTEM	CHECK FOR:	YES* NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> YES <input type="checkbox"/> NO	8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Genito-urinary System	Hemias.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.	<input type="checkbox"/> YES <input type="checkbox"/> NO	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"/> YES <input type="checkbox"/> NO
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.	<input type="checkbox"/> YES <input type="checkbox"/> NO	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> YES <input type="checkbox"/> NO	12. Neurological	Impaired equilibrium, coordination or speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.	<input type="checkbox"/> YES <input type="checkbox"/> NO

***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 monitoring 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 lens
 - 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's signature _____
 Medical Examiner's name _____
 Address _____
 Telephone Number _____