MEDICAL EXAMINATION REPORT FOR TAXICAB/LIMO/MEDICAL DRIVER FITNESS DETERMINATION

Driver's Name (First, Last, Middle)	Social Security No.	Birthdates M/D/Y	Age	Sex _ M _ F	_ New Certification _ Recertification _ Follow-up	Date of Exam

Address	City, State, Zip Code	Work Tel: Home Tel:	Driver License No.	License Class _ A _C _ B _ D _Other	State of Issue

Do you now or have you ever had:

Yes No

__ __ Any illness or injury in the last 5 years?
__ __ Head/brain injuries, disorders or illnesses?
__ __ Seizures, epilepsy? List medication(s) _____
__ __ Eye disorders or impaired vision (except corrective lenses)?
__ __ Ear disorders, loss of hearing or balance?
__ __ Heart disease or heart attack: other cardiovascular condition? List medication(s) _____
__ __ Heart surgery (valve replacement, angioplasty, pacemaker)?
__ __ High blood pressure? List medication(s) _____
__ __ Muscular disease?
__ __ Shortness of breath?
__ __ Lung disease, emphysema, asthma, chronic bronchitis?
__ __ Kidney disease, dialysis?
__ __ Liver disease?
__ __ Digestive problems?
__ __ Diabetes or elevated blood sugar controlled by:
__ diet __ pills __ insulin
List medication(s) _____

Do you now or have you ever had:

Yes No

__ __ Nervous or psychiatric disorders such as severe depression?
List medication(s) _____
__ __ Loss or alteration of consciousness?
__ __ Fainting or dizziness?
__ __ Sleep disorders, pauses in breathing while asleep, day time sleepiness, loud snoring?
__ __ Stroke or paralysis?
__ __ Missing or impaired hand, arm, foot, leg, finger, toe?
__ __ Spinal injury or disease?
__ __ Chronic low back pain?
__ __ Regular, frequent alcohol use?
__ __ Narcotic or habit forming drug use?
__ __ Tobacco product use? How much? _____

For any yes answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over the counter medications) used regularly or recently.

I certify the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and Medical Examiner's Certificate.

Driver's signature _____ Date _____

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees 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 a 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*
R EYE	_____	_____	_____
L EYE	_____	_____	_____
BOTH EYES	_____	_____	_____

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

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

_____	_____	_____	_____	_____
Date	Name of ophthalmologist or optometrist (print)	Signature	License # /State of issue	Telephone

Meets Standard? ___ Yes ___ No **Applicant meets visual acuity requirement only when wearing corrective lenses? __ Yes __ No**

SECTION 4 - HEARING

Standard: Must first perceive forced whispered voice greater than or equal to 5' with or without hearing aid, or b) average hearing loss in better ear less than or equal to 40 dB.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded

Record distance form individual at which forced whispered voice can first be heard. Right ear ____ feet Left ear ____ feet

Hearing aid used for test? ___ Yes ___ No

If audiometer is used, record hearing loss in decibels according to ANSI ZZ24.5-1951. R ear ___ 500Hz ___ 1000 Hz ___ 2000 Hz ____Average

L ear ___ 500Hz ___ 1000 Hz ___ 2000 Hz ____Average

Meets standard? ___ Yes ____ No **Hearing aid required to meet standard?** ___ Yes ___ No

SECTION 5 - BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded.

Blood Pressure ___ systolic ___ diastolic Pulse rate _____ Beats per minute ____ Regular ____ Irregular Pulse rate after exercise _____

Driver qualified if less than or equal to 160/90 on initial exam.

Meets Standard? ___ Yes ___ No

SECTION 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.

BODY SYSTEM	CHECK FOR:	YES (abnl)	NO (nl)
General appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		
Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		
Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		
Mouth and throat	Irremediable deformities likely to interfere with breathing or swallowing.		
Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		
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, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		
Abdomen and viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
Genitourinary system	Hernias.		
Extremities - Limbs 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.		
Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		
Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia		

	YES	NO
1) Established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control?	___	___
2) Current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure?	___	___
3) Established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely?	___	___
4) Current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely?	___	___
5) Established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with ability to control and operate a commercial motor vehicle safely?	___	___
6) Established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle?	___	___
7) Mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely?	___	___
8) Current clinical diagnosis of alcoholism?	___	___
9) Use of a controlled substance identified in 21 CFR 1308.11 Schedule 1, an amphetamine, a narcotic, or any habit forming drug?	___	___

COMMENTS:

NOTE CERTIFICATION STATUS HERE

___ Is qualified to drive a Taxicab and/or a Limousine
___ Does not meet standards to drive a taxicab
___ Qualified only when wearing corrective lenses
___ Qualified only when wearing hearing aid

Medical Examiner's Signature _____

Medical Examiner's name (print) _____

Date of Examination_____

Address _____

Telephone Number _____