

Form MCSA-5875

DMV No. 2125-0004 Expiration Date 11/30/2021

Last Name: LawrenceFirst Name: SeanDOB: 9/04/1975Exam Date: 7/22/2021**DRIVER HEALTH HISTORY (continued)****Do you have or have you ever had:**

	Yes	No	Not Sure		Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	☐	☒	☐	16. Dizziness, headaches, numbness, tingling, or memory loss	☐	☒	☐
2. Seizures, epilepsy	☐	☒	☐	17. Unexplained weight loss	☐	☒	☐
3. Eye problems (except glasses or contacts)	☐	☒	☐	18. Stroke, mini-stroke (TIA), paralysis, or weakness	☐	☒	☐
4. Ear and/or hearing problems	☐	☒	☐	19. Wobbling or limited use of arm, hand, finger, leg, foot, toe	☐	☒	☐
5. Heart disease, heart attack, bypass, or other heart problems	☐	☒	☐	20. Neck or back problems	☐	☒	☐
6. Pacemaker, stents, implantable devices, or other heart procedures	☐	☒	☐	21. Bone, muscle, joint, or nerve problems	☐	☒	☐
7. High blood pressure	☒	☐	☐	22. Blood clots or bleeding problems	☐	☒	☐
8. High cholesterol	☐	☒	☐	23. Cancer	☐	☒	☐
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	☐	☒	☐	24. Chronic (long-term) infection or other chronic diseases	☐	☒	☐
10. Lung disease (e.g., asthma)	☐	☒	☐	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	☐	☒	☐
11. Kidney problems, kidney stones, or pain/problems with urination	☐	☒	☐	26. Have you ever had a sleep test (e.g., sleep apnea)?	☐	☒	☐
12. Stomach, liver, or digestive problems	☐	☒	☐	27. Have you ever spent a night in the hospital?	☐	☒	☐
13. Diabetes or blood sugar problems Insulin used	☐	☒	☐	28. Have you ever had a broken bone?	☐	☒	☐
14. Anxiety, depression, nervousness, other mental health problems	☒	☐	☐	29. Have you ever used or do you now use tobacco?	☐	☒	☐
15. Fainting or passing out	☐	☒	☐	30. Do you currently drink alcohol?	☐	☒	☐
				31. Have you used an illegal substance within the past two years?	☐	☒	☐
				32. Have you ever failed a drug test or been dependent on an illegal substance?	☐	☒	☐

Other health condition(s) not described above:

☐ Yes ☒ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below.

☒ Yes ☐ No ☐ Not Sure

Caregiasmg BID Atorvastatin
Losartan 50mg QD

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 390 Appendices A and B.

Driver's Signature: [Signature]Date: 7/22/2021**SECTION 2. Examination Report** (to be filled out by the medical examiner)**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver history and any available medical records. Comment on the driver's responses to the "Health History" questions and any other pertinent driver's health information that is available to you.