

Last Name: <u>BARNES</u>	First Name: <u>GARY</u>	DOB: <u>02/27/47</u>	Exam Date: <u>02/07/23</u>
<b>TESTING</b>		Height: <u>5</u> feet <u>10</u> inches Weight: <u>271</u> pounds	
Pulse Rate: <u>80</u>	Pulse rhythm regular: <input checked="" type="radio"/> Yes <input type="radio"/> No		
Blood Pressure		Systolic	Diastolic
Sitting	<u>138</u>	<u>89</u>	
Second reading (optional)			
Other testing if indicated:   			
<b>Vision</b> Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.			
Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	<u>20/15</u>	<u>20/15</u>	Right Eye: <u>175</u> degrees
Left Eye:	<u>20/13</u>	<u>20/13</u>	Left Eye: <u>115</u> degrees
Both Eyes:	<u>20/13</u>	<u>20/13</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors <input checked="" type="radio"/> Yes <input type="radio"/>			
Monocular vision <input type="radio"/> Yes <input checked="" type="radio"/> No			
Referred to ophthalmologist or optometrist? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Received documentation from ophthalmologist or optometrist? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Hearing</b> Standard: Must first perceive whispered voice at not less than 5 feet O/H average hearing loss of less than or equal to 40 dB in better ear (with or without hearing aid).			
Check if hearing aid used for test: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input checked="" type="checkbox"/> Neither			
<b>Whisper Test Results</b> Record distance (in feet) from driver at which a forced whispered voice can first be heard: <u>Right Ear: 5 ft</u> <u>Left Ear: 5 ft</u>			
OR			
<b>Audiometric Test Results</b> Right Ear: <u>500 Hz</u> <u>1000 Hz</u> <u>2000 Hz</u> Left Ear: <u>500 Hz</u> <u>1000 Hz</u> <u>2000 Hz</u> <u>DNP</u> Average (right): _____ Average (left): _____			

**PHYSICAL EXAMINATION**

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 neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal <input type="radio"/>	Abnormal <input type="radio"/>	Body System	Normal <input type="radio"/>	Abnormal <input type="radio"/>
1. General	<input checked="" type="radio"/>	<input type="radio"/>	8. Abdomen	<input checked="" type="radio"/>	<input type="radio"/>
2. Skin	<input checked="" type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input checked="" type="radio"/>	<input type="radio"/>
3. Eyes	<input checked="" type="radio"/>	<input type="radio"/>	10. Back/spine	<input checked="" type="radio"/>	<input type="radio"/>
4. Ears	<input checked="" type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input checked="" type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input checked="" type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input checked="" type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	13. Gait	<input checked="" type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input checked="" type="radio"/>	<input type="radio"/>	14. Vascular system	<input checked="" type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV.  
Enter applicable item number before each comment.

(Attach additional sheets if necessary)