

Last Name: GleichuerFirst Name: MarkDOB: 12/18/1962Exam Date: 5/9/2020**TESTING**

Pulse rate: <u>95</u>	Pulse rhythm regular: <input checked="" type="radio"/> Yes <input type="radio"/> No	Height: <u>5</u> feet <u>10.5</u> inches	Weight: <u>305</u> pounds				
Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>146</u>	<u>90</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.030</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second reading (optional)	<u>138</u>	<u>86</u>					

Other testing if indicated

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

**Vision**

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	Check if hearing aid used for test: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input checked="" type="checkbox"/> Neither			
Right Eye:	<u>20/20</u>	<u>20/</u>	Right Eye: <u>90</u> degrees	Right Ear Left Ear			
Left Eye:	<u>20/20</u>	<u>20/</u>	Left Eye: <u>90</u> degrees				
Both Eyes:	<u>20/20</u>	<u>20/</u>					
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"/> No <b>Audiometric Test Results</b> <input type="radio"/> Right Ear <input type="radio"/> Left Ear <input type="radio"/> 500 Hz <input type="radio"/> 1000 Hz <input type="radio"/> 2000 Hz <input type="radio"/> Right Ear <input type="radio"/> Left Ear <input type="radio"/> Average (right): <input type="radio"/> Average (left):			
Monocular vision							
Referred to ophthalmologist or optometrist?							
Received documentation from ophthalmologist or optometrist?							

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

*Healthy diet and regular exercise for weight loss*

(Attach additional sheets if necessary)