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BLS-700-340 (01/13/12)

Physical Examination
(VALID FOR NOT MORE THAN TWO YEARS FROM DATE OF EXAM)

After August 1, 2012, new examinations must provide a US Department of Transportation Medical Examiner's Certificate, completed within the past 90 days by an examiner meeting the US Department of Transportation standards under 49 CFR 391.41 - 391.49.

TO BE COMPLETED BY MEDICAL EXAMINER (Please Print)
Answer each question yes or no where appropriate. The medical examiner should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the driver of a limousine vehicle. In the interest of public safety the medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to operate a limousine vehicle.

Health History:
Height: ______ ft. ______ in.  Weight: ______ lbs.

- Diabetes
- Psychiatric disorder
- Cardiovascular disease
- Head or spinal injuries
- Seizures, fits, convulsions, or fainting
- Any other nervous disorder
- Muscular disease
- Rheumatic fever
- Asthma
- Kidney disease
- Tuberculosis
- Nervous stomach
- Extensive confinement by illness or injury
- Permanent defect from illness, disease or injury
- Suffering from any other disease

If the answer to any of the above is yes, explain in General Comments section below.

General appearance and development:
Good ______  Fair ______  Poor ______

Vision:
For distance: Right 20/ ______ Left 20/ ______
Horizontal field of vision: Right ______ Left ______
Evidence of disease or injury: Right ______ Left ______
Color test ____________

Hearing:
Right ear ______ Left ear ______
Disease or injury ______

Audiometric test: (If audiometer is used to test hearing) Decibel loss at 500 Hz ______ at 1,000 Hz ______ at 2,000 Hz ______

Throat:

Heart
If organic disease is present, is it fully compensated?

Blood pressure: Systolic ______ Diastolic ______
Pulse: Before exercise ______ Immediately after exercise ______

Lungs: ______

Abdomen:
Scars ______ Abnormal masses ______ Tenderness ______
Hernia: Yes ______ No ______ If so, where? ______ Is truss worn? ______

Gastrointestinal:
Ulceration or other disease ______

Genito-Urinary:
Scars ______

Reflexes:
Romberg ______
Pupillary ______ Light ______ Right ______ Left ______
Accommodation: Right ______ Left ______
Knee Jerks: Right ______ Normal ______ Increased ______ Absent ______
Left ______ Normal ______ Increased ______ Absent ______

Extremities:
Upper ______ Lower ______ Spine ______

Laboratory:
Urine: Spec. Gr. ______ Alb. ______ Sugar ______
Other laboratory data (Serology, etc.) ______
Special findings:
Radiological data ______ Electrocardiograph ______

General Comments: ______

Check here if ______

NOT qualified ______

Medical Examiner ______
License/Cert. No. & State ______
Address ______
Medical Examiner ______
SIGNATURE MUST APPEAR HERE ______

DATE OF EXAMINATION ______

STREET ADDRESS ______
CITY ______ STATE ______ ZIP ______

PRINT NAME & TITLE ______

DATE OF BIRTH ______

(VALID FOR NOT MORE THAN TWO YEARS FROM DATE OF EXAM)