## **Commercial Driver Medical Evaluation Form**

## **Driver Information** Name Date of Birth License Number Address Phone **Medical History** List any current medical conditions Current medications Allergies **Physical Examination** Height Weight **Blood Pressure**

Vision	
Hearing	
Examiner's Findings	
General appearance	
Notes / Comments	
Eventine ale Contification	
Examiner's Certification	
Examiner Name	
Date of Exam	
Signature	