

MEDICAL EXAMINATION REPORT OF DRIVER UNDER ARTICLE 19-A dmv.ny.gov

INSTRUCTIONS TO MEDICAL EXAMINER: The complete standards and instructions for conducting this examination are found in Section 6.10 of the Commissioner's Regulations, 15NYCRR6, and can be found at dmv.ny.gov/art19. They are also available from the driver's carrier named below or from the Bus Driver Unit. For New/Initial Examinations and Recertification—review/complete ALL items on the form and sign where indicated on last page. For Follow-up Examinations—complete ONLY those items which require follow-up information and/or evaluation from a prior examination. Sign the form where indicated. If additional space is required for further comments and information, use form DS-874C, and attach it to this form.

1 DRIVER/0	CARRIER INFORM	MATION (to be compl	eted by the	driver and/o	or driver's	carrier)						
Driver's Last Na		Fir			M.I.	Date of Birtl	n (Month	Day/Ye	ar)	Age	Sex	
street Address					City				Sta	ate Z	☐ Male ☐ Fema Zip Code	
icense ID Num			St	ate	Class of Dri	ver's License	Endorse	ements	Res	trictions	Expiration Date	
Carrier/DBA Nar	rom Driver License)			Legal Name (i						19-A Business ID Numb		
201101/22/11401			Logar Hamo (ii amoroni)							TO A Business IB Humb		
HEALTH	HISTORY (to be c	ompleted by the driv	er and revi	ewed by the	medical e	examiner)						
es No			Yes No					Yes N	0			
☐ Any illnes	ss or injury in the last 5 year	□ □ Kidney	y disease, dialysis					☐ ☐ Stroke or paralysis				
☐ Head/Brai	in injuries, disorders or illn	esses	□ □ Liver o					l	paired hand, arm, foot, leg,			
□ □ Seizures, e	epilepsy		□ □ Digest	ive problems								
☐ Eye disord	ders or impaired vision (ex	cept corrective lenses)	□ □ Diabet	es or elevated bloc	od sugar contro	lled by			r disease			
=	lers, loss of hearing or bala	-		all that apply): □	_	•	ication	l	ack pain			
	ase or heart attack; other c			nt of hyperglycemi				☐ ☐ Regular, frequent alcohol use				
		pass, angioplasty, pacemaker)		f, or altered consci				☐ ☐ Narcotic or habit forming drug us				
☐ ☐ High blood		,, <u>8</u> , , , , , , , , , , , , , , , , , ,	□ □ Faintin					l		rculosis		
☐ Muscular (•	us or psychiatric d	isorders e.g. si	evere denressio	n	□ □ Other						
□ □ Shortness				disorders, pauses in	_	-			Other			
	ase, emphysema, asthma, o	chronic bronchitis	_	ess, obstructive sl	_		inc					
=		hould indicate the cond	1			=						
onditions or	comments here:											
ist all medica	ations (including ov	ver-the-counter medical	tions) used r	egularly or re	cently							
•		tion and any other in mation may invalidate i		•								
naccurate, fa	lse or missing infor	mation may invalidate	this examina	tion.								
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Driver's Name: Last _			Fir	ct				MI Dı	ivor's Licon	so ID#			
5 HEARING Sta				voice ≥ 5	_		vithout hea		b) average	e hearing lo	ss in better e	ear <u><</u> 40 dB	
Record distance whispered voice		n individual at whi	ch forced	b)		audiome light Ear		, record hea	ring loss in	decibels.(ad	cc. to ANSI Z	(24.5-1951) 	
Right ear	\Feet	Left ear	\Feet O	R	5	00Hz		2000 Hz	500Hz	1000 Hz	2000 Hz		
					A	verage:			Average				
6 LABORATORY	AND OTHE	ER TEST FINDI	NGS -							PECIMEN			
Urinalysis is required underlying medical p				indicatio	n foi	r further	testing to	rule out any	SP. GR	PROTE	EIN BLOC	DD SUGAR	
7 PHYSICAL EX	AMINATIO	N (to be comp	leted by the me	dical ex	cami	iner) -	Height		V	Veight	(lb	s.)	
The presence of a certreatment. Even if a connecessary steps to co	tain condition condition does	may not necessari not disqualify a d	ly disqualify a driver	r, particul caminer n	arly i nay c	if the con	dition is co	ontrolled adec e driver temp	quately, is no porarily. Als	so, the drive	r should be ac	lvised to take t	
Check YES if there as the driver's ability to compensated for.													
BODY SYSTEM	CHECK FO	PR:		Yes	' No	BOD	Y SYSTEM	1 CHE	CK FOR:			Yes* N	
1. General appearance		eight, tremor, signs o			_	7. Ab	domen and V				sses, bruits, her		
2. Eyes	problem drinking, or drug abuse					8. Vas	scular System	Abnor	significant abdominal wall muscle weakness				
	aphakia, glauc	oma, macular degene	ut retinopathy, cataracts ration and refer to a				nito-urinary S tremities- Lin				e, arm, hand, fir		
3. Ears	perforated ear	drums	clusion of external cana	🗖		imp	paired.	paraly	perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.				
4. Mouth and Throat5. Heart	swallowing	-	nterfere with breathing of the state of the										
6. Lungs and chest,	implantable defibrillator. Abnormal chest wall expansion, abnormal respiratory rat abnormal breath sounds including wheezes or alveolar ra					Spine, other musculoskeletal Neurological					tation of motion		
not including breast examination	impaired respi on physical ex pulmonary tes			asymn	npaired equilibrium, coordination or speech pattern; symmetric deep tendon reflexes, sensory or positional pnormalities, abnormal patellar and Babinski reflexes, ataxia.								
MEDICAL EXAMIN	IER'S COMM	MENTS:						,					
									☐ Additio	nal comme	ents on attac	ched DS-8740	
8 MEDICAL EXA	MINER'S	CERTIFICATIO	N: ☐ New/Initi	al Certi	fica	tion	☐ Rec	ertificatio	n 🗆	Follow-U	lp		
	knowledge of med above is	the driver's duties physically or medi	In accordance wit cally qualified.			oner's R	Legulation	6.10, I find	 :	_ in accorda	ance with the	Commissioner	
the person na Qualified	med above is only when we	physically or medi	r medically qualified cally qualified with I intact lenses. months for diabeti	Restricti	ons		Qualified on	ly by use of	prosthetic de		ipment modifi		
		earing a hearing aid		c condi	1011.		Qualified, of	ther:					
Print name and che													
□ Examining Physic□ Nurse Practitioner□ Physician Assistar	nt .	_	Examiner: X										
Advanced Practice (who is not a Nurs	e Nurse*	1	xaminer:ertificate No./Issuing		_								
I certify that the	individual v	vho conducted t	actice Nurse, who is the above examinate									n accordance	
with a written pr	actice or pro	otocol agreeme	nt.										
Print (Nai	me of Supervis	sing Physician)			(Si	ignature o	of Supervisir	ng Physician)		Licens	e or Certificate	No./Issuing Sta	