

MEDICAL STATEMENT

GENERAL INFORMATION

NAME _____ ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

DATE OF BIRTH _____ SEX _____ OCCUPATION _____

EMPLOYER'S NAME AND ADDRESS _____

NAME OF FAMILY DOCTOR AND ADDRESS _____

DATE OF LAST EXAM _____

MEDICAL HISTORY

EYESIGHT YES NO **DIABETES** YES NO

HAVE YOU LOST USE/SIGHT IN EITHER EYE? HAVE YOU EVER BEEN TESTED FOR DIABETES?

IS PERIPHERAL (SIDE) VISION RESTRICTED? LATEST BLOOD/SUGAR TEST DATE _____

ARE YOU COLOR BLIND? MEDICATION/DOSEAGE USED _____

DO YOU HAVE OR HAVE YOU EVER HAD METHOD OF ADMINISTRATION _____

CATARACTS?

ARE SIGHT DEFICIENCIES CORRECT BY GLASSES **EPILEPSY**

OR CONTACTS?

HAVE YOU EVER BEEN TESTED FOR EPILEPSY?

DATE OF LAST EYE EXAMINATION _____ IF YES, KIND AND DATE OF LAST SEIZURE _____

MEDICATION/DOSEAGE USED _____

HEARING

BLOOD PRESSURE

CAN YOU HEAR NORMAL CONVERSATION LEVELS? HAVE YOU EVER BEEN TREATED FOR HIGH

IS HEARING AIDS USED? BLOOD PRESSURE?

IF YES, DATE OF TREATMENT _____

HEART

HAVE YOU EVER BEEN TREATED FOR HEART LAST READING _____

DISEASE?

MEDICATION/DOSEAGE USED _____

HAVE YOU HAD A HEART ATTACK?

DO YOU HAVE A PACEMAKER? **MISCELLANEOUS (INDICATE DATE OF LAST TREATMENT, IF**

IS MEDICATION/DOSEAGE USED? **APPLICABLE)**

WHEN WAS THE LAST TREATMENT OR CHECK-UP _____ CONVULSIONS _____

LIMBS

FAINING SPELLS _____

HAVE YOU LOST AN ARM OR LEG? LOSS OF EQUILIBRIUM _____

HAVE YOU LOST THE USE OF AN ARM OR LEG? ALCOHOL/DRUG ABUSE _____

DOES YOUR CAR HAVE SPECIAL CONTROLS? MENTAL/EMOTIONAL ILLNESS _____

IF ANY OF THE ABOVE, DESCRIBE _____ COMPLETE PHYSICAL EXAM _____

(IF ANY "YES" RESPONSES, PLEASE PROVIDE COMPLETE EXPLANATION)

HAVE YOU EVER BEEN TREATED OR RECEIVED MEDICAITON FOR ANY NEUROLOGICAL, MENTAL OR EMOTIONAL YES NO

PROBLEM?

HAVE YOU EVER BEEN TREATED OR RECEIVED MEDICAITONS FOR ANY NEUROMUSCULAR DISEASE

(MUSCULAR DYSTOPHY, MULTIPLE SCLEROSIS, CEREBRAL PALSY, ETC)?

ARE THERE ANY RESTRICTIONS POSTED ON YOUR DRIVER'S LICENSE OTHER THAN GLASSES?

ARE YOU UNDER THE CARE OF A PHYSICIAN FOR ANY CONDITION NOT MENTIONED ABOVE?

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE.

SIGNATURE _____ DATE _____