Physicians Exam

DRIVER PERSONAL INFORMATION

Name (Last, First): _____

Physical Date: _____

Emergency Room Within Last Year:
Yes / No

Hospitalization Within Last Year:
Yes / No

Comments on Emergency Room:

_____

_____

Ever Hospitalized:
Yes / No

MAJOR INJURIES

Injury Date: **ICD9:** **Injury Description:**

_____

_____

_____

MAJOR SURGERIES

Accident Date: **Surgery Date:** **Surgery Description:**

_____

_____

_____

HEAD INJURY DESCRIPTION

Injury Date: **ICD9:** **Head Injury Description:**

_____

_____

_____

MAJOR ILLNESS DESCRIPTION

Illness Date: **Illness Description:**

_____

_____

PHYSICAL

Ears:

Eyes:

Nose:

Heart Size:

Sounds:

Respiratory System Description:

Pharnyx:

Neck:

Extremities:

Abdomen:

Nervous System:

Comments:

EKG:

EKG - Comments:

Physician Examiner:

Recommend For Unrestricted License:

Standing Height (CM):

Seated Length (CM):