

# FMCSA Dot Physical Form

## Driver Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

## Examination Details

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vision:

20/20 Corrected

Uncorrected

Blood Pressure: \_\_\_\_\_

Hearing:  Passed  Failed

Respiratory Test: \_\_\_\_\_

## General Health History

Diabetes

Heart Condition

Epilepsy

High Blood Pressure

Other: \_\_\_\_\_

## Examination Table

| Examination Type | Result | Comments |
|------------------|--------|----------|
| Blood Test       |        |          |
| Urine Test       |        |          |

|                    |  |  |
|--------------------|--|--|
| <b>Reflex Test</b> |  |  |
|--------------------|--|--|

**Medical Certification**

**Qualified for DOT operations.**

**Temporary Suspension Pending Additional Tests.**

**Signature**

**Medical Examiner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Driver:** \_\_\_\_\_ **Date:** \_\_\_\_\_