



PERSONAL INFORMATION

DRIVER HEALTH HISTORY

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY *(continued*

concussion)

CMV DRIVER'S SIGNATURE

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[49 CFR 390.37](#) [49 CFR 390.35](#)
[49 CFR 386](#)

Last Name:

First Name:

DOB:

Last Name:

First Name:

DOB:

Exam Date:

[CFR 39.4 391.49](#)

[49 CFR 391.41](#)

[49 CFR 391.41](#)

If the driver meets the standards outlined in [49 CFR 391.41](#), with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

S

49 CFR 391.41-391.49
49 CFR 391.41-391.49

[49 CFR 391.64](#)

49 CFR 391.62 (Federal)

g

Driver's Signature

Driver's License Number

Issuing State/Province

State/Province:

Zip Code:

CLP/CDL Applicant/Holder
 Yes No

This document contains sensitive information.
Y | P |

ect individuals. Handle and secure this information appropriately to prevent inadvertent
ired to be maintained by regulatory requirements.**

4 CFR 41.314

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[49 CFR 391.41](#)

[49 CFR 391.41](#),

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4 CFR 3 1.41-3 .49

49 CFR 391.41

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