

Handwritten notes in yellow highlighter, partially obscured by a vertical grey bar.

ATTACH FILE

Handwritten notes at the bottom left, including a small 'e' character.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Individual's Name:

b. Diabetic cardiovascular disease (e.g., coronary artery disease, hypertension, transient ischemic attack, stroke, peripheral vascular disease)?

Yes No

If yes, provide the date of diagnosis, current treatment, and whether the condition is stable:

_____ / _____

see o -prolife

