

DRIVER MEDICAL EVALUATION QUESTIONNAIRE

Section I: Demographic and Employment Information								
Driver Name (Last, Firs	t, MI)	Date of Birth (<i>mm-dd-yyyy</i>)						
Employment Category:	Employment Category: Locally Employed Staff USDH Other:							
Job Title/Section	Post							
Type of Evaluation: Initial Periodic Follow-Up	Type of Evaluation: Full-Time/Higher Risk Vehicle Driver (every 2 years) Chauffeur Truck (over 25K lbs) Hazmat Transport Van/Bus (15+ passengers)	y 4 years)						
	Section II: Health History							
	MEDICAL EVALUATION							
Do you have any medic restrictions related to driving? i.e., have you e been told by a health professional to avoid dr for any reason? Yes No	al If "Yes", describe below							
Do you have any medic restrictions related to performing certain job d (i.e., have you ever bee told by a health profess to avoid doing certain jot tasks including lifting, standing for extended periods of time, bending stooping, etc.)?	luties n ional bb							
Are you under the care medical provider for any medical or mental healt conditions?	/							
Do you have any addition medical/mental health condition(s) for which you are not currently being treated or seen by a hea professional?	bu							
MEDICAL CONDITIONS (Are you under the care of a medical provider for any of the following medical conditions (select "yes" or "no"))								
Sleep apnea, narcolepsy, or conditions that lead to drowsiness								
Have you been diagnosed with sleep apnea, narcolepsy, or any condition that may cause daytime drowsiness or problems staying awake?								
	Diabetes, blood glucose abnormalities							
Have you been diagnos with diabetes or abnorm blood glucose?								
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Name of Examinee	DO	В							
Epilepsy, seizures, or conditions that lead to loss of consciousness									
Have you been diagnosed with epilepsy, or have you ever had one or more seizures/episodes of loss of consciousness? Yes No	If "Yes", describe below	Conditio							
Other									
List any additional medical or	mental health condition(s) for v	which you a		ng treated.					
		ME	DICATION						
(Initials)	I currently do not take (If initialed, move direc			ounter, cont	rolled, or other medi	cations or supplements.			
List any current medications/drugs taken either on a routine schedule	Medication	Dose	low Often (onc needed,		When Started (<i>mm-yyyy</i>)	Comments or Additional Information			
or as needed.									
Include all prescribed medications,									
over-the-counter									
medications, controlled substances, and/or									
supplements.									
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			/ISION						
Yes No Have you	ever been told by a health prof	essional th	at you have a v	isual impairi	ment?				
Yes No Do you we	ear glasses or contact lenses?		IF YES:	Yes	No Do you we	ear them while driving?			
Yes No Have you ever had procedures to correct your vision?									
Yes No Have you ever been told by a health professional that you have other problems related to your vision or eyes (e.g., monocular vision, colorblindness, etc.)?									
		Н	EARING						
Yes No Have you	Yes No Have you ever been told by a health professional that you have hearing loss?								
Yes No Do you cu	irrently wear (or have you ever	worn) hear	ng aids?						
		Section II	: Physical E	xam					
Part I: Blood Pressure									
STANDARD: Needs to be . 155/95. If above 155/95, see flow chart. INSTRUCTIONS: If first reading is over 155/95, wait 15 min between readings; ensure proper cuff size; both feet on the floor, arm resting on table. Perform second BP, if needed. Report systolic and diastolic as numerical values. First Reading Second Reading (if needed). Report systolic and diastolic as numerical values.									
	First Reading				Second Rea	ding			
Systolic:	Diastolic:		Systolic:		Dias	stolic:			

employees MUST complete the TB Risk Assessment Questionnaire and clinician must attach to this DME Questionnaire as a supplemental form. Part V: Urinalysis STANDARD: OPTIONAL, based on results of history in Section II. NUMERICAL READINGS MUST BE PROVIDED Urine Speciman SP. GR Protein Blood Sugar OPTIONAL, based on results of history in Section II. NUMERICAL READINGS MUST BE PROVIDED Urine Speciman Sugar Part VI: Review of Symptoms DIVERIAL VISION/EYES HEARING CARDIOVASCULAR RESPIRATORY GENERAL VISION/EYES HEARING Chest Pain Shortness of breatr Chills Redness Hearing Change Palpitations Cough Dizziness Vision Change Hearing Change Palpitations Cough Weakness MENTAL HEALTH MUSCULOSKELETAL NEUROLOGICAL OTHER Flushing Irritability Joint Pain Headache	STADARD: At least 20/04 actity (Snellen) required in each eye with, or without, correction. The horizontal field of vision must be 70 degrees with oright eye degrees original instructions. When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording the distance vision, use 20 degrees original exercises are down? 20 as a ratio with 20 as numerator and the snellest type read 120 feet (6:086 metres) as denominator. If the individual wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitualy wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitualy wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitualy wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitualy wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitualy wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitualy wears corrective lenses, the correction without a hearing and ducines showing standard redgreem colors." Right Eye 20' 20' see Color Vision Instructions document Individual recognizes and dividual readynes with out a hearing aid. 2. If needed, audiometric testing can be performed and average hearing loss (at 500Hz, 1000Hz, 2000Hz, 2	Name of Exa	minee										DOB			
STADARD: At least 20'40 acuty (Shellen) required in each eye with, or without, correction. The horizontal field of vision must be 70 degrees with exits with operative sources and the sources and experts the experts the sources and experts the experts the sources and experts the experiment of the experim	STADARD: At least 2040 acuty (Shellen) required in each eye with, or without, correction. The horizontal field of vision must be 70 degrees with each eye, Mid degrees ownall. INSTRUCTIONS: When other than the Shellen chart is used, give test results in Shellen-comparable values. In recording the distance vision, use 20 determinator. If the individual wears corrective lenses, these should be worn while visual acuty is being tested. If the driver habitually wears corrective lenses, these should be worn while visual acuty is being tested. If the driver habitually wears corrective lenses, these should be worn while visual acuty is being tested. If the driver habitually wears corrective lenses, these should be worn while visual acuty is being tested. If the driver habitual wears corrective lenses, these should be worn while visual acuty is being tested. If the driver habitual wears contract lenses, or needed to 0 of visual acuty is being tested. If the driver habitual wears contract tenses, or needed to 20 eV vision of grant and devices showing standard red/green colors." ACUITY UNCORRECTED CORRECTED HCRIZONTAL individual recognizes and delinguisches all lights on traffic control agrees while visual acuty is being tested. If the driver habitual wears on the driver habitual wears and habit to show the visual acuty is being tested. If the driver habitual wears on the driver habitual wears the needed. The driver habitual wears and devices showing standard red/green colors." Right Eye 20' 20' visia visia <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>Part II:</th><th>Visio</th><th>on</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>							Part II:	Visio	on						
ACUITY UNCORRECTED CORRECTED HORIZONTAL FIELD OF VISION Individual recognizes and distinguishes all lights on traffic control signals and devices showing standard redigreen colors." Right Eye 20' 20' 20' Yes No Left Eye 20' 20' Yes No Both Eyes 20' 20' 'see Color Vision Instructions document STANDARD: 1. Must first perceive forced whisper voice > 5 feet (1.5 meters) with or without a hearing aid, 2. If needed, audiometric testing can be performed ad average hearing loss (at 500Hz, 100Hz, 200Hz), should be 400E in better ear. INSTRUCTIONS. Always perform the whisper test first. Individual passes, the hearing section is complete. ONLY perform audiometric testing if needed. To calculate the average for the H zoatang so the firequencies and divide by three. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. Right Ear 1000 Hz 2000 Hz Average employees MUST complete the TB Risk Assessment and should have a cheat x-ray (if high or moderate risk) and other testing (if tow risk) as required, employees MUST complete the TB Risk Assessment Questionnaire and dividinal must attach to this DME Questionnaire as a supplemental form. Part IV: Tuberculosis Risk Assessment Quire Protei Biod Sugar <th>ACUITY UNCORRECTED CORRECTED HORIZONTAL FIELD OF VISION algana and devices showing standard redigreen colors." Right Eye 20' 20' 20' Yes No Left Eye 20' 20' Yes No Both Eyes 20' 20' Yes No STANDARD: 1. Must first perceive forced whisper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing can be performed and average hearing los (at 500Hz, 100Hz, 200Hz) about 64 e08 in better ear. ONLY Perform audiometric testing if notes yound average hearing los (at 500Hz, 100Hz, 200Hz) about 64 e08 by three. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whisper test first. Individual passes, the hearing secton is complete by three. Ston Hz 200 Hz Average Per [ft] Pers [ft] Pass [ft FLL, perform audiometric testing if record hearing loss Ston Hz 1000 Hz 2000 Hz Average Probe Fail [ft All, perform audiometric testing if on moderate risk assessment Ston Hz 1000 Hz 2000 Hz Average Probe Part IV: Tuberculosis Risk Assessment Editar Individual form. Part V: Urinalysis STANDARD: All drivers reguire a risk assessment and shoudh have a cheast x-ray (ff high or moderate risk) and ther testing</th> <th>each eye, 140 INSTRUCTIO vision, use 20 as denominat habitually wea</th> <th>D degrees overal DNS: When other D feet as normal. for. If the individuants contact lense</th> <th>I. than th Report al wea</th> <th>ne Snell t visual a rs corre</th> <th>en char acuity as ctive ler</th> <th>is use a rationses, th</th> <th>ch eye with, or w ed, give test resu o with 20 as num nese should be w</th> <th>rithout, Its in S nerator vorn wł</th> <th>correctior Snellen-cor and the s hile visual</th> <th>mpara malles acuity</th> <th>ble value st type rea sis being</th> <th>s. In recordir ad at 20 feet tested. If the</th> <th>ng the c (6.096 driver</th> <th>listance meters)</th> <th>)</th>	ACUITY UNCORRECTED CORRECTED HORIZONTAL FIELD OF VISION algana and devices showing standard redigreen colors." Right Eye 20' 20' 20' Yes No Left Eye 20' 20' Yes No Both Eyes 20' 20' Yes No STANDARD: 1. Must first perceive forced whisper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing can be performed and average hearing los (at 500Hz, 100Hz, 200Hz) about 64 e08 in better ear. ONLY Perform audiometric testing if notes yound average hearing los (at 500Hz, 100Hz, 200Hz) about 64 e08 by three. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whisper test first. Individual passes, the hearing secton is complete by three. Ston Hz 200 Hz Average Per [ft] Pers [ft] Pass [ft FLL, perform audiometric testing if record hearing loss Ston Hz 1000 Hz 2000 Hz Average Probe Fail [ft All, perform audiometric testing if on moderate risk assessment Ston Hz 1000 Hz 2000 Hz Average Probe Part IV: Tuberculosis Risk Assessment Editar Individual form. Part V: Urinalysis STANDARD: All drivers reguire a risk assessment and shoudh have a cheast x-ray (ff high or moderate risk) and ther testing	each eye, 140 INSTRUCTIO vision, use 20 as denominat habitually wea	D degrees overal DNS: When other D feet as normal. for. If the individuants contact lense	I. than th Report al wea	ne Snell t visual a rs corre	en char acuity as ctive ler	is use a rationses, th	ch eye with, or w ed, give test resu o with 20 as num nese should be w	rithout, Its in S nerator vorn wł	correctior Snellen-cor and the s hile visual	mpara malles acuity	ble value st type rea sis being	s. In recordir ad at 20 feet tested. If the	ng the c (6.096 driver	listance meters))
ALCUTY UNCORRECTED CORRECTED FIELD OF VISION signals and devices showing standard red/green colors.* Right Eye 20'20'20'20/20/ 20'20/20/ ?ese Color Vision Instructions document Both Eye 20'20/20/20/20/ 20/7 ?ese Color Vision Instructions document Part III: Hearing STANDARD: 1. Must first perceive forced whisper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing at a performed and average hearing loss (at 500Hz, 1000Hz, 2000Hz) should be 400B in better ear. NOTITIOTIONS Jewes perform the whisper test its. II individual passes, the hearing assation is complete. ONLY perform audiometric testing if needed. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. StanDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate risk) and other testing (if low risk) as required, and more as a supplemental form. Part IV: Tubercoluosis Risk Assessment StanDARD: All drivers require a risk assessment acta chindrain was tatch to this DME Questionmare as a supplemental form. Part V: Unalysis StanDARD: All drivers require a risk assessment Classionmare and chindrain must attatch to this DME Questionmare as supplemental form. <td>Right Eye 20'20'20'20'20/ Signals and devices showing standard red/green colors.* Right Eye 20'20'20/20/ 20' 20' Both Eye 20'20/20/ 20' 20' Both Eye 20'20/20/ 20' *see Color Vision Instructions document Both Eye 20'20/20/ 20/ *see Color Vision Instructions document STANDARD: 1. Must first perceive forced whitsper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing if needed. Somplete. ONL 200Hz Average hearing loss (at 500Hz, 1000Hz, 2000Hz) should be without and somplete. ONL 2000 Hz Average hearing loss (at 400Hz parts) in dB parts and divide by three. NUMERICAL READINGS MUST BE PROVIDED NumeRrCAL READINGS MUST BE PROVIDED Record distance from individual at which forced whitspered voice can first be heard. Sight Ear </td> <td></td> <td></td> <td></td> <td>-</td> <td>NUM</td> <td>ERIC</td> <td>AL READING</td> <td>S MU</td> <td>UST BE</td> <td>PRC</td> <td>VIDED</td> <td></td> <td></td> <td></td> <td></td>	Right Eye 20'20'20'20'20/ Signals and devices showing standard red/green colors.* Right Eye 20'20'20/20/ 20' 20' Both Eye 20'20/20/ 20' 20' Both Eye 20'20/20/ 20' *see Color Vision Instructions document Both Eye 20'20/20/ 20/ *see Color Vision Instructions document STANDARD: 1. Must first perceive forced whitsper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing if needed. Somplete. ONL 200Hz Average hearing loss (at 500Hz, 1000Hz, 2000Hz) should be without and somplete. ONL 2000 Hz Average hearing loss (at 400Hz parts) in dB parts and divide by three. NUMERICAL READINGS MUST BE PROVIDED NumeRrCAL READINGS MUST BE PROVIDED Record distance from individual at which forced whitspered voice can first be heard. Sight Ear				-	NUM	ERIC	AL READING	S MU	UST BE	PRC	VIDED				
Left Eye 20/ 20/ 20/ *see Color Vision Instructions document Both Eyes 20/ 20/ *see Color Vision Instructions document STANDARD: 1. Must first perceived whisper test first. Under 2004 better ear. In reded. audiometric testing can be performed and average hearing loss (at 500/L, 1000Hz, 2000Hz) should be 400d in better ear. In reded. To calculate the average to the Hz values, add the reducencies and divide by three. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. Right Ear	Left Eye 20/ 20/ 20/ rese Color Vision Instructions document Both Eyes 20/ 20/ "see Color Vision Instructions document STANDARD: 1. Must first perceive forced whisper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing can be performed and average hearing loss (at 500Hz, 1000Hz, 2000Hz, 2000Hz, 2000HZ, 2000HZ, 2000HZ, 2000HZ, 2000HZ, 2000HZ, 2000HZ Number 2000HZ INSTRUCTIONS: Always perform the whisper test first. If individual passes, the hearing section is complete. ONLY perform audiometric testing if needed. To calculate the average for the 1/2 values, add the reducencies and divide by three. Record distance from individual at which forced whisper test first. If fAIL, perform individual reserves requires the average for the 1/2 values, add the reducencies and first be heard. 500 Hz 1000 Hz 2000 Hz Average Per ft m Per ft m Percent testing (if low risk) as required. StanDARD: All drivers require a risk assessment Questionnaire and clinician must attach to this DME Questionnaire as a supplemental form. Part IV: Tuberculosis Risk Assessment Sugar	ACUITY	UNCORREC	ECIED CORRECTED Individual rooging to and aloth galaries and another states of the second s												
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Term III: Hearing STANDARD: 1. Must first perceive forced whisper voice > 5 feet (1.5 meters) with or without a hearing aid. 2. If needed, audiometric testing can be performed and average hearing loss (at 500/Lz 1000/Lz 000/Lz 040/B ob eter ear. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Right Ear 500 Hz 1000 Hz 2000 Hz Average # Left Ear Sol 1000 Hz 2000 Hz Average # Standarding dist bit for intervision and and the force of the aring loss in dist bit for intervision and should have a chest x-ray (ff high or moderate risk) and other testing (ff low risk) as required. Record Simple for the Hz values do ne results of history in Section II. Standardi: percention and and thout fave a chest x-ray (ff high or moderate risk) and other testing (ff low risk) as required. INTERICAL READINGS MUST BE Provided OPTIONAL <td>Tart III: Hearing STANDARD: 1. Must first perceive diviser voice > 5 fett (1.5 meters) with or without a hearing iaid. 2. If needed, audiometric testing can be performed and average hearing loss (at 500/Lz, 1000/Lz, 2000/Lz) should be dodd bin better ear. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Right Ear 500 Hz 1000 Hz 2000 Hz Average Right Ear Sou HZ Sou Hz Average Past IV: Tuberculosis Risk Assessment Part IV: Tuberculosis Risk Assessment STANDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate risk) and other testing (if low risk) as required. Part IV: Tuberculosis Risk Assessment STANDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate risk) and other testing (if low risk) as required. Part IV: Tuberculosis Risk Assessment STANDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate ris</td> <td>Both Eyes</td> <td>20/</td> <td></td> <td>20/</td> <td></td> <td></td> <td>20/</td> <td></td> <td>*see Cole</td> <td>or Visi</td> <td>on Instru</td> <td>ctions docum</td> <td>nent</td> <td></td> <td></td>	Tart III: Hearing STANDARD: 1. Must first perceive diviser voice > 5 fett (1.5 meters) with or without a hearing iaid. 2. If needed, audiometric testing can be performed and average hearing loss (at 500/Lz, 1000/Lz, 2000/Lz) should be dodd bin better ear. NUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Record distance from individual at which forced whispered voice can first be heard. MUMERICAL READINGS MUST BE PROVIDED Right Ear 500 Hz 1000 Hz 2000 Hz Average Right Ear Sou HZ Sou Hz Average Past IV: Tuberculosis Risk Assessment Part IV: Tuberculosis Risk Assessment STANDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate risk) and other testing (if low risk) as required. Part IV: Tuberculosis Risk Assessment STANDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate risk) and other testing (if low risk) as required. Part IV: Tuberculosis Risk Assessment STANDARD: All drivers require a risk assessment and should have a chest x-ray (if high or moderate ris	Both Eyes	20/		20/			20/		*see Cole	or Visi	on Instru	ctions docum	nent		
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		Tempe	rature Instability		Depres	sion		Neck Pa	ain			Tingling]	
If any hoxes are checked (except "None"), please describe below	If any boxes are checked (except "None"), please describe below.	Swellin	g		Mood C	hanges						Weaknes	SS		None	;
in any boxed are chocked (oxeept inche), please decense belen.		If any boxes a	are checked (exc	ept "No	one"), p	ease de	scribe	below.		I				•		

Name of Examinee	DOB								
Part VII: Clinical Evaluation									
	Normal?	If abnorm	nal, provide details.						
General (alert/oriented, general mental status)									
Cardiovascular/Heart									
Respiratory System									
Musculoskeletal									
Other									
Other									
			Part VIII: Additional Form						
If the individual has history of slee	p disorder, di	abetes, seiz	ures, visual impairment or hear	ing impairr	ment, please follow the supplemental procedures.				
					Diabetes				
					Seizures/Epilepsy				
Check boxes for each additiona	form that n	eeds to be	completed (listed in toolkit)		Vision (monocular. etc.)				
					Other, follow-up as recommended (sleep disorder, cardivascular, etc.)				
Section IV: Local or HU Medical Provider/Clinician Recommendation									
Based on my examination/evaluation, performed on (mm-dd-yyyy), I recommend:									
Full driving for (select one	e): 2 y	ears (max f	or full-time) 4 years (ma	x for incide	ental)				
With corrective lens	ses (check, if	applicable)							
With hearing aids (check, if appl	icable)							
Driving permitted only for		ength of tim	e in months), due to		(diagnosis).				
Recommend re-evalua	tion once		(emp	loyee nam	e) has been effectively managed for a duration of				
(months/years) and/or stability of condition has been documented by treating provider.									
No driving permitted for	(diagnosis).								
Recommend re-evaluation once (employee name) has been effectively managed for a d									
(months/years) and/or stability of condition has been documented by treating provider.									
The individual is not permitted to drive.									
More information needed	:								
Name of Provider/Clinician	Signatu	re of Provider/Clinician		Medical Credential/Specialty					
Clinic Address/Post	Phone N	lumber	Email	1					

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Name of Examinee DOB								
	V: HU Medical Provider/Clinician							
	EQUIRED, if the above is completed by a	local prov	lderj					
If the evaluation was performed by a local provide Concur with recommendation abov Modify recommendation as follows: More information needed:	e							
Name of Provider/Clinician	Signature of Provider/Clinician		Medical Credential/Specialty					
Clinic Address/Post Phone Number Email								
Paperwork Reduction Act Statement Releases or disclosures of confidential medical information are governed by the Privacy Act of 1974, as amended, 5 U.S.C. § 552a et seq., and the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 701 et seq.								
	Privacy Act Statement							
AUTHORITIES : The information is sought pursua 4084, 3901, and 3984).	nt to 5 CFR 930.108, 339.301 and the Fo	oreign Serv	vice Act of 1980, as amended (Title 22 U.S.C.					
PURPOSE: The information requested on this form will be used to determine medical eligibility for issuance of a driver medical certificate.								
ROUTINE USES : Unless otherwise protected by law, the information solicited on this form may be made available to appropriate agencies, whether Federal, state, local, or foreign, for law enforcement and other authorized purposes. The information may also be disclosed pursuant to court order. The information may also be made available to local Health Units. More information on the Routine Uses for the system can be found in the System of Records Notice State-24, Medical Records								
DISCLOSURE: Providing this information is voluntary; however, failure to provide this information may result in denial of a driver medical certification.								
The Genetic Information Nondiscrimination Act of 2008 (GINA)								
To the individual and/or health care provider completing the medical history review /exam: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you NOT provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family members' genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.								

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