City of Cedar Rapids - Transit Driver Medical Examination

Name: _____ Birth Date: _____

Health History

Asthma	☐ Yes ☐ No	Rheumatic fever	☐ Yes ☐ No	Psychiatric disorder	☐ Yes ☐ No
Kidney Disease	☐ Yes ☐ No	Muscular disease	☐ Yes ☐ No	Head or spinal injury	☐ Yes ☐ No
Tuberculosis	☐ Yes ☐ No	Nervous stomach	☐ Yes ☐ No	Seizure disorder	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	Gastrointestinal ulcer	☐ Yes ☐ No	Cardiovascular disease	☐ Yes ☐ No
Sleep Apnea	☐ Yes ☐ No			Substance abuse	☐ Yes ☐ No

Extensive Confinement for any illness or injury ☐ Yes ☐ No

Permanent defect from illness, disease, injury ☐ Yes ☐ No

Other disease or nervous disorder ☐ Yes ☐ No

If Yes to any: Please Explain:

_____

_____

General Appearance & Development: ☐ Good ☐ Fair ☐ Poor

Vision: Distance – with corrective lenses Right 20/ _____ Left 20/ _____

Distance – without corrective lenses Right 20/ _____ Left 20/ _____

Evidence of disease or injury Right ☐ Yes ☐ No

Color Test: Right _____ Left _____

Horizontal field of vision: Right _____ Left _____

Hearing: Evidence of disease or injury Right ☐ Yes ☐ No Left ☐ Yes ☐ No

Comments: _____

Audiometric Test – See attached Audiogram

Throat: _____

Thorax: Heart _____ If organic disease is present is it fully compensated? ☐ Yes ☐ No

Blood Pressure: Systolic _____ Diastolic _____

Abdomen: Scars: _____ Abnormal masses: _____ Tenderness: _____

Hernia: ☐ Yes ☐ No If so where? _____ Is truss worn? ☐ Yes ☐ No

Reflexes Rhomberg _____ Accommodation Right _____ Left _____

Pupillary _____ Light R _____ Light L _____

Knee jerks Right: Normal ☐ Increased ☐ Absent ☐

Left: Normal ☐ Increased ☐ Absent ☐

Extremities: Upper _____ Lower _____ Spine _____

I certify that I have examined the above named applicant and find him/her physically, mentally and emotionally qualified to operate a bus. ☐ Qualified without restrictions ☐ Only when wearing corrective lenses ☐ Only when wearing hearing aid

Physician Name: _____ Date _____

Physician Signature _____