MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined BEN HUBBARD in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
	(925) 373-4500	1/14/2015

MEDICAL EXAMINER'S NAME (PRINT)		
GERALD R. NAZARENO	☑ MD ☐ DO ☐ Physician Assistant	☐ Chiropractor ☐ Advanced Practice Nurse ☐ Other Practitioner

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE	NATIONAL REGISTRY NO.
A53590	383 359 4831

SIGNATURE OF DRIVER	INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO.	STATE
	☑ YES ☐ NO	☑ YES ☐ NO	D8187393	CA

ADDRESS OF DRIVER
3216 CHERYL CIRCLE, PLEASANTON CA 94586

MEDICAL CERTIFICATION EXPIRATION DATE
1/14/2017

http://www.fmcsa.dot.gov/documents/safetyprograms/Medical-Examiners-Certificate.pdf

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

051

MEDICAL EXAMINATION REPORT
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER INFORMATION Driver completes this section. PRINT IN CAPITAL LETTERS - USING BLACK OR DARK BLUE INK.

LAST NAME	FIRST	DRIVER LICENSE NUMBER
HUBBARD	BEN	D8187393

ADDRESS	CITY	STATE	ZIP	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
3216 CHERYL CIRCLE	PLEASANTON	CA	94588	(925)895-5331	(925)461-9817

SOCIAL SECURITY NUMBER	LICENSE CLASS	STATE OF ISSUE	
139-88-3822	☐ A ☐ B ☒ C	CALIFORNIA	☐ New certification ☒ Recertification ☐ Follow up

BIRTHDATE	AGE	SEX	EYES	HAIR
OCT. 16, 1989	25	☒ M ☐ F	GREEN	BROWN

PLEASE READ THE "INSTRUCTIONS TO THE DRIVER" BEFORE ANSWERING.

MARK ONE OF THE DRIVING TYPES BELOW

☐ NI Non-Excepted Interstate
☒ NA Non-Excepted Intrastate
EI Excepted Interstate (Not available in California)
EA Excepted Intrastate (Not available in California)

CHECK ONE OF THE BOXES BELOW

☒ I am ***NOT*** submitting this medical examination report to obtain a certificate to operate a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.

☐ ***I AM*** submitting this medical examination report to apply for or retain a certificate to operate a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.

PLEASE READ THE FOLLOWING INFORMATION

If you indicated you have submitted this medical examination report for one or more of the certificates listed above, your medical examination **MUST** be performed by a Physician Assistant, Advanced Practice Registered Nurse, Doctor of Medicine (MD), Doctor of Osteopathy (DO), or a Doctor of Chiropractic (Chiropractor) listed on the most current National Registry of Certified Medical Examiners. Your medical examination report and medical certificate **MUST** be signed by the physician who performed the examination. If your medical examination report does not indicate your medical examination was performed by an MD, DO, Physician Assistant, Advanced Practice Registered Nurse or a Chiropractor listed on the most current National Registry of Certified Medical Examiners; DMV will not process your certificate application or accept your medical examination report, and your medical examination report will be returned to you.

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No
☐ ☒ Any illness or injury in last 5 years
☐ ☒ Head/Brain injuries, disorders or illnesses
☐ ☒ Seizures, epilepsy
  ☐ medication _____
☐ ☒ Eye disorders or impaired vision (except corrective lenses)
☐ ☒ Ear disorders, loss of hearing or balance
☐ ☒ Heart disease or heart attack, other cardiovascular condition
  ☐ medication _____
☐ ☒ Heart surgery (valve replacement/ bypass, angioplasty, pacemaker)
☐ ☒ High blood pressure
  ☐ medication _____
☐ ☒ Muscular disease

Yes No
☐ ☒ Shortness of breath
☐ ☒ Lung disease, emphysema, asthma, chronic bronchitis
☐ ☒ Kidney disease, dialysis
☐ ☒ Liver disease
☐ ☒ Digestive problems
☐ ☒ Diabetes or elevated blood sugar controlled by:
  ☐ diet
  ☐ pills
  ☐ insulin
☐ ☒ Nervous or psychiatric disorders, e.g., severe depression
  ☐ medication _____
☐ ☒ Loss of, or altered consciousness

Yes No
☐ ☒ Fainting, dizziness
☐ ☒ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐ ☒ Stroke or paralysis
☐ ☒ Missing or impaired hand, arm, foot, leg, finger, toe
☐ ☒ Spinal injury or disease
☐ ☒ Chronic low back pain
☐ ☒ Regular, frequent alcohol use
☐ ☒ Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently. (Attach additional sheet, if needed).

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certification.

DRIVER'S SIGNATURE	DATE
[signature]	01142015

DRIVER LICENSE NUMBER	NAME	DATE OF EXAM
D5187393	BEN HUBBARD	01/14/15

MEDICAL EXAMINER COMPLETES SECTIONS 3 THROUGH 8

QUALIFIED	NOT QUALIFIED	*Check each item in appropriate box to show "Qualified" or "Not Qualified". Explain any special findings or test results NOT in an acceptable tolerance range.*

3. VISION Numerical readings must be provided

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: *When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.*

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 20	20/ 20	Right Eye 80 °
Left Eye	20/ 20	20/ 20	Left Eye 80 °
Both Eyes	20/ 20	20/ 20	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors? ..... ☑ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ..... ☐ Corrective Lenses

Monocular Vision (one eye blind): ..... ☐ Yes ☑ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

DATE OF EXAMINATION	(IF APPLICABLE) NAME OF OPHTHALMOLOGIST OR OPTOMETRIST (PRINT)	
TELEPHONE NO.	LICENSE NO./STATE OF ISSUE	SIGNATURE X

4. HEARING Numerical readings must be provided.

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB.

☐ Check if hearing aid used for tests. ☐ Check if hearing aid **required** to meet standard.

INSTRUCTIONS: *To convert audiometric test results from ISO to ANSI, - 14 dB from ISO for 500 Hz, - 10dB for 1,000 Hz, - 8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.*

Numerical readings must be recorded.

	RIGHT EAR	LEFT EAR
a) Record distance from individual at which forced whispered voice can first be heard.	10 FT.	10 FT.

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

	RIGHT EAR			LEFT EAR		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
AVERAGE				AVERAGE		

5. BLOOD PRESSURE/PULSE RATE Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

BLOOD PRESSURE		READING	HYPERTENSION CATEGORY	EXPIRATION DATE FOR CERTIFICATE	RECERTIFICATION
SYSTOLIC	DIASTOLIC				
124	62	139/89 or lower with no history of Stage 1-3 hypertension currently requiring medication	N/A Driver qualified	2 years	Every 2 years
		140-159/90-99	Stage 1	1 year	1 year if 140/90 or less. One-time certificate for 3 months if 141-159/91-99.
PULSE RATE		160-179/100-109	Stage 2	One-time certificate for 3 months	1 year from date of exam if 140/90 or less
☑ Regular ☐ Irregular					
RECORD PULSE RATE: 66		180/110 or higher	Stage 3	N/A Driver not qualified	6 months from date of exam if 140/90 or less

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

URINE SPECIMEN			
SP. GR.	PROTEIN	BLOOD	SUGAR
1.020	TRACE	NEG	NEG

OTHER TESTING *(DESCRIBE AND RECORD)*

DRIVER LICENSE NUMBER	NAME	DATE OF EXAM
08187393	BEN HUBBARD	1/14/2015

7. PHYSICAL EXAMINATION

HEIGHT	WEIGHT
6'5" IN.	195 LBS

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. Check each item in appropriate box to show "Qualified" or "Not Qualified".

As you complete items 1 - 12 below, you will find some items that have no clearly defined measures to indicate a driver is "qualified" or "not qualified". For such items, please check "qualified" if the driver's condition appears within normal limits.

See Instructions To The Medical Examiner for guidance.

QUALIFIED	NOT QUALIFIED	BODY SYSTEM	CHECK FOR:	Any abnormalities present? YES*	NO
✓		1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		✓
✓		2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		✓
✓		3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		✓
✓		4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓
✓		5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		✓
✓		6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.		✓
✓		7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal Viscera wall muscle weakness.		✓
✓		8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		✓
✓		9. Genito-urinary system.	Hernias.		✓
✓		10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
✓		11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		✓
✓		12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		✓

*COMMENTS

...ICIAN, CHIROPRACTOR, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE COMPLETES THIS SECTION

DRIVER LICENSE NUMBER	NAME	DATE OF EXAM
D8187393	BEN HUBBARD	01/14/2015

DRIVER'S IDENTITY VERIFIED BY:

☐ Driver License No: ☐ Other Photo ID (Specify ID used):

Medical Examiners Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.) If the driver has previously been diagnosed with Stage 1, Stage 2, or Stage 3 hypertension and continues to require medication for treatment of hypertension, please indicate here and follow instructions for reduced term of medical certificate.

PHYSICIAN NOTE:

A Doctor of Medicine (MD), Doctor of Osteopathy (DO), Physician Assistant, Advanced Practice Registered Nurse, or a Doctor of Chiropractic (DC) listed on the most current National Registry of Certified Medical Examiners can perform a medical examination for persons submitting a medical examination report to operate one or more of the following: School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.

Note certification status here. See ***Instructions to the Medical Examiner*** for guidance.

I certify under penalty of perjury under the laws of the State of California that I am licensed, certified, and/or registered, in accordance with applicable State laws and regulations to perform physical examinations, that I have examined the driver named above in accordance with the Motor Carrier Safety Regulations (49 CFR 391.41—391.49) and with knowledge of the driving duties, I find this person:

(CHECK ALL THAT APPLY)

☑ Meets standards in 49 CFR 391.41; qualifies for 2 year medical certificate effective *(must insert date)* 1 / 14 / 2015 and which will expire *(must insert date)* 1 / 14 / 2017.

☐ Does not meet standards

☐ May qualify for California restricted CDL if solely unqualified based on 49 CFR 391.41(b)1,2,10, or 11.

☐ Meets standards, but periodic evaluation required due to _____ _____. Driver qualified only for:

☐ 3 months ☐ 6 months ☐ 1 year ☐ Other _____

Medical certificate effective *(must insert date)* ____ / ____ / ____ and will expire *(must insert date)* ____ / ____ / ____.

☐ Temporarily disqualified due to *(condition or medication)*: _____

Return to medical examiner's office for follow up on _____

ONLY QUALIFIED WHEN:

☐ Wearing corrective lenses

☐ Wearing hearing aid

CHECK THE BOXES BELOW ONLY WHEN THE DRIVER PRESENTS ONE OF THE DOCUMENTS LISTED, A COPY OF WHICH MUST BE ATTACHED TO THIS REPORT.

☐ Accompanied by a _____ waiver/exemption. Driver must present exemption at time of certification. *(must attach copy)*

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate *(must attach copy)*

☐ Driving within an exempt intracity zone *(not applicable in California)*

☐ Qualified by operation of 49 CFR 391.64 *(must attach copy of waiver/exemption)*

A completed examination form is on file in my office.

MEDICAL EXAMINER'S NAME (PRINT)

GERALD R. NAZARENO MD

TITLE ☑ Physician (☑ M.D. ☐ D.O.) ☐ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Registered Nurse

ADDRESS

1133 E. STANLEY BLVD LIVERMORE CA 94550

STATE MEDICAL LICENSE OR CERTIFICATE NUMBER	ISSUE STATE	NATIONAL REGISTRY NUMBER
A53590	CA	3833594931

MEDICAL LICENSE/CERTIFICATE ISSUE DATE	MEDICAL LICENSE/CERTIFICATE EXPIRATION DATE
10/ 1994	5/31/2016

MEDICAL EXAMINER'S SIGNATURE	TELEPHONE NUMBER
	(925) 373 4504

If driver meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle as specified in federal regulation.)

PLACE DOCTOR'S OFFICE STAMP IN THIS SPACE OR ATTACH OFFICE LETTERHEAD

GERALD R NAZARENO, MD
1133 EAST STANLEY BLVD.
LIVERMORE, CA 94550
PHONE: 925-373-4503
FAX: 925-373-4504
CA. LIC. NO. A53590

DMV COMPLETES THIS SECTION

REVIEWED BY (Indicate Tech ID#)	Field Office	HDQTRS

☐ Forward for further review

UPDATED BY (TECH #)	DATE UPDATED

DATE STAMP