

# DMI INSURANCE SERVICES, INC.

P.O. Box 248  
Morgan Hill, CA 95038

## PHYSICIAN'S STATEMENT FOR AUTOMOBILE INSURANCE

On \_\_\_\_\_ I examined \_\_\_\_\_ Age \_\_\_\_\_ to determine individual's mental and physical fitness to operate a motor vehicle. My findings are as follows:

### 1. GENERAL HEALTH

Is there any nervous organic, or functional disease which has advanced, or is likely to advance, during the next 12 months to a degree that will interfere with safe driving? \_\_\_\_\_

### 2. MENTAL CONDITION

Is individual's alertness and mental activity adequate to cope with emergencies frequently found in driving?  Yes  No

### 3. PHYSICAL CONDITION

A. Has individual lost any of the following members: fingers, hand, arm, foot or leg?  Yes  No

If "Yes", indicate the member or members \_\_\_\_\_

B. Is there any partial or total loss of use of any of the above members that impairs safe driving ability? \_\_\_\_\_

C. Has patient ever had any difficulty with the following:

1) Dizziness or fainting  Yes  No

2) Physical Reflexes  Yes  No

If "Yes" will the ailment currently affect the driver in normal operation of an automobile? Explain. \_\_\_\_\_

D. Has he or she ever had any cardiovascular disease, heart attack or heart condition?  Yes  No Please explain.

Kind of attack \_\_\_\_\_

(a) Date of first attack \_\_\_\_\_ (b) Date of last attack \_\_\_\_\_

(c) Latest EKG  Excellent  Satisfactory  Unsatisfactory

### 4. HEARING

Can individual hear ordinary conversation without a hearing aid?  Yes  No If no, does he/she wear a hearing aid?

Explain \_\_\_\_\_

### 5. VISION

A. Has individual lost the use of either eye? \_\_\_\_\_

B. Is there any opacity of the crystalline lens of either or both eyes? \_\_\_\_\_

C. Can individual distinguish red and green colors?  Yes  No

Visual Acuity right eye - 20/ \_\_\_\_\_ left eye - 20/ \_\_\_\_\_ both eyes - 20/ \_\_\_\_\_

Are the above visual acuity ratings with natural vision or with corrective glasses? \_\_\_\_\_

NAME & SIGNATURE OF EXAMINING PHYSICIAN

ADDRESS

Named Insured \_\_\_\_\_

Policy Number \_\_\_\_\_