

**SUPPLEMENT TO: Medical Examination of Driver Report Under Article 19-A**

Driver Last Name	Driver First Name	M.I.	Client ID #	Date
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This form is to be used **ONLY** as a supplement to the Medical Examination form (DS-874), and should be attached to that form when completed. This form (DS-874C) is ***not required*** to be used, but if additional space is needed by the examining medical staff or the driver being examined, this is the proper form to be used.

Continued from item **2** on form DS-874**HEALTH HISTORY (additional driver and/or medical examiner comments and information)**

Continued from item **7** on form DS-874**PHYSICAL EXAMINATION (additional comments)**

Continued from item **8** on form DS-874**MEDICAL EXAMINER'S CERTIFICATION & REMARKS (additional remarks)**
