



Geneva Spinal Health & Pain Management

Chiropractic • Acupuncture • Sports Medicine

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DRIVER DISCLOSURE

NOTICE TO ALL DRIVERS. YOU MUST READ AND SIGN THIS AGREEMENT. IF YOU ARE IN DISAGREEMENT WITH THIS STATEMENT, WE WILL NOT BE ABLE TO COMPLETE YOUR FMCSA EXAMINATION TODAY.

I understand I am bound to FULL DISCLOSURE OF MY HEALTH HISTORY TO THE BEST OF MY KNOWLEDGE, and to comply with all of the Rules and Regulations of 49CFR 391.41 under "Qualifications for Drivers." If I do not fully disclose such information to:

Examiner Name: Kenneth M. McLeod, D.C.

Examiner FMCSA Medical Examiner Registry #: 9099585725

I may be subject to penalties, fines, and/or imprisonment under the applicable laws via the jurisdiction of the Federal Motor Carrier Safety Administration.

I UNDERSTAND I MUST DISCLOSE ANY AND ALL OF MY MEDICAL HISTORY TO THE MEDICAL EXAMINER FOR CURRENT OR PAST, DIAGNOSED, TREATED OR UNTREATED CONDITIONS.

Driver Signature: _____

Driver Name: _____

Date: _____