



DMI INSURANCE SERVICES, INC.
 P.O. Box 248 Morgan Hill, CA 95038
 Phone (800)877-2525 Fax(408)778-0298
 "Automotive Program Specialists"

License #0702238

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 _____