NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

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

Driver Last Name	Driver First Name	M.I.	Client ID #	Date

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)

When used, this form MUST BE ATTACHED to the completed form DS-874, Medical Examination Report of Driver Under Article 19-A. This form, by itself is NOT a valid Medical Report.

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