





Has your operator's or chauffer's license ever been suspended or revoked? If yes, when where and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted for driving under the influence or alcohol or drugs? If yes, where and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? If yes, when, where and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted for any other motor vehicle violation? If yes, when, where and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*HEALTH ASSESSMENT*

Are you TB "Positive"? \_\_\_\_\_  
If yes, are you currently on medication or receiving treatment? \_\_\_\_\_  
If yes, what physician or agency? \_\_\_\_\_

List and describe any past hospitalization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have been subject to any acute or chronic diseases of the following categories: Heart Disease, Lung Disease, GI Disease, Kidney Disease, Back or Joint Disease, Neurologic or Muscular Disease, Psychiatric Illness, describe the particular history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In general, evaluate your health: \_\_\_\_\_  
\_\_\_\_\_

*CERTIFICATION*

This is to certify that all statements made on this application are true to the best of my knowledge. I am not addicted to the use of drugs or alcohol. I acknowledge and consent to the release of all documents required for the evaluation of this application to the appropriate officials of the KCMO Office of the EMS Medical Director.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_