New York State Department of Motor Vehicles

DS-874C (4/10)

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.