

West Virginia National Auto Insurance Company  
330 Scott Avenue  
Suite 2  
Morgantown, WV 26507

Medical Statement

Name of Applicant \_\_\_\_\_

Policy Number \_\_\_\_\_

Date of Examination \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Does the applicant have the alertness and mental activity to cope with emergencies that are encountered in driving?  
\_\_\_\_\_
2. Does the applicant have any nervous or functional disorder that would advance to a degree that will interfere with safe driving?  
\_\_\_\_\_
3. Has the applicant ever had a heart attack or a heart condition that required treatment? \_\_\_\_\_ Dates \_\_\_\_\_
4. Does the applicant have full use of and muscular coordination in all extremities? \_\_\_\_\_ If impaired, to what degree?  
\_\_\_\_\_
5. Does the applicant have convulsions, fainting spells, epilepsy, strokes or attacks of unconsciousness?  
\_\_\_\_\_
6. Has the applicant received any medical treatment during the past three (3) years? \_\_\_\_\_ Explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has the applicant lost the use of either eye? \_\_\_\_\_
8. Can the applicant hear without the means of a hearing aid? \_\_\_\_\_
9. Medically Capable:
  - a. Has the patient the physical and mental ability to operate an automobile? \_\_\_\_\_
  - b. Is the patient likely to suffer excessive fatigue that will impair there driving ability? \_\_\_\_\_
  - c. Does the patient have the required hearing and vision ability for safe driving? \_\_\_\_\_
  - d. Does the patient have good emotional control? \_\_\_\_\_
10. Is the applicant medically capable to safely operate an automobile? \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

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