

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 92 (2012/03)	Medical Statement	The title of the form. ACORD 92, Medical Statement, is submitted if the applicant or another driver on the policy has a medical condition/history requiring that further information be provided to the company. Some companies require the form be submitted for all drivers over a certain age. If the question regarding physical impairment on the auto application has been answered "Yes", this form should be completed. The form should be completed and signed by the individual with the medical condition. IMPORTANT: THIS FORM CANNOT BE USED IN MONTANA OR WISCONSIN.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Driver #	Enter number: The number assigned to the driver by the producer.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION	Middle	Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver.
DRIVER INFORMATION	Age	Enter number: The age of the driver in years.
DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.

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DRIVER INFORMATION	Employer's Name and Address	Enter text: The employer name (business name if self-employed).
DRIVER INFORMATION		Enter text: The first address line of the employer's physical address.
DRIVER INFORMATION		Enter text: The second address line of the employer's physical address.
DRIVER INFORMATION		Enter text: The city of the employer's physical address.
DRIVER INFORMATION		Enter code: The state code of the employer's physical address.
DRIVER INFORMATION		Enter code: The postal code of the employer's physical address.
	Family Physician's Name and Address	
DRIVER INFORMATION		Enter text: The full name of the physician.
DRIVER INFORMATION		Enter text: The physician's first mailing address line.
DRIVER INFORMATION		Enter text: The physician's second mailing address line.
DRIVER INFORMATION		Enter text: The physician's mailing address city name.
DRIVER INFORMATION		Enter code: The physician's mailing address state or province code.
DRIVER INFORMATION		Enter code: The physician's mailing address postal code.
DRIVER INFORMATION	Years Under Physician Care	Enter number: The number of years under a physician's care.
DRIVER INFORMATION	Date of Last Visit	Enter date: The date of the last visit to a physician.
DRIVER MEDICAL HISTORY	Loss of Use / Sight of Either Eye	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Loss of use / sight of either eye?".
DRIVER MEDICAL HISTORY	Restricted Peripheral (side) Vision	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Restricted Peripheral (side) Vision?".
DRIVER MEDICAL HISTORY	Color Blindness	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Color Blindness".
DRIVER MEDICAL HISTORY	Cataracts	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Cataracts".
DRIVER MEDICAL HISTORY	Corrective Lenses / Contacts	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the use of, "Corrective Lenses / Contacts".?
DRIVER MEDICAL HISTORY	Date of Last Eye Examination	Enter date: The date of the last eyesight examination.
DRIVER MEDICAL HISTORY	Loss of Hearing	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Loss of Hearing".
DRIVER MEDICAL HISTORY	Hearing Aid	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the use of, "Hearing Aid".
DRIVER MEDICAL HISTORY	Heart Disease	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Heart Disease".
DRIVER MEDICAL HISTORY	Heart Attack	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition "Heart Attack".

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DRIVER MEDICAL HISTORY	Pacemaker	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the use of a, "Pacemaker".
DRIVER MEDICAL HISTORY	Medication / Dosage Used	Enter text: The description of the heart medication used and its dosage.
DRIVER MEDICAL HISTORY	Date of Last Treatment or Check-up	Enter date: The date of the last heart treatment or check up.
DRIVER MEDICAL HISTORY	Loss of Arm or Leg	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Loss of Arm or Leg".
DRIVER MEDICAL HISTORY	Loss of Use of an Arm or Leg	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Loss of Use of an Arm or Leg".
DRIVER MEDICAL HISTORY	Does Car Have Special Controls?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Does the car have special controls?".
DRIVER MEDICAL HISTORY	Diabetes	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Diabetes".
DRIVER MEDICAL HISTORY	Latest Blood Sugar Test Date	Enter date: The date of the last blood sugar test.
DRIVER MEDICAL HISTORY	Medication / Dosage used	Enter text: The description of diabetes medication used and its dosage.
DRIVER MEDICAL HISTORY	Method of Administration	Enter text: The method the diabetes medication is administered.
DRIVER MEDICAL HISTORY	Epilepsy	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Epilepsy".
DRIVER MEDICAL HISTORY	Kind of Epilepsy	Enter text: The type of epilepsy.
DRIVER MEDICAL HISTORY	Date of Last Seizure	Enter Date: The date of the last seizure.
DRIVER MEDICAL HISTORY	Medication / Dosage Used	Enter text: The description of the epilepsy medication used and its dosage.
DRIVER MEDICAL HISTORY	High Blood Pressure	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "High Blood Pressure".
DRIVER MEDICAL HISTORY	Date of Last Treatment	Enter date: The date of the last high blood pressure treatment.
DRIVER MEDICAL HISTORY	Last Reading	Enter text: The last blood pressure reading.
DRIVER MEDICAL HISTORY	Medication / Dosage Used	Enter text: The description of the blood pressure medication and its dosage.

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DRIVER MEDICAL HISTORY	Neurological Impairment	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Neurological Impairment".
DRIVER MEDICAL HISTORY	Neuromuscular disease (muscular dystrophy, multiple sclerosis, cerebral palsy, etc)	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the condition, "Neuromuscular disease (muscular dystrophy, multiple sclerosis, cerebral palsy, etc)".
DRIVER MEDICAL HISTORY	Drivers License Restrictions Other Than Glasses	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Are there any restrictions posted on your drivers license other than glasses?".
DRIVER MEDICAL HISTORY	Date of Last Treatment: Convulsions	Enter date: Date of Last Treatment: Convulsions
DRIVER MEDICAL HISTORY	Date of Last Treatment: Fainting Spells	Enter date: Date of Last Treatment: Fainting Spells
DRIVER MEDICAL HISTORY	Date of Last Treatment: Loss of Equilibrium	Enter date: Date of Last Treatment: Loss of Equilibrium
DRIVER MEDICAL HISTORY	Date of Last Treatment: Alcohol / Drug Abuse	Enter date: Date of Last Treatment: Alcohol / Drug Abuse
DRIVER MEDICAL HISTORY	Date of Last Treatment: Mental / Emotional Illness	Enter date: The date of the last treatment for mental or emotional illness.
DRIVER MEDICAL HISTORY	Date of Last Complete Physical Examination	Enter date: The date of the last complete physical examination.
DRIVER MEDICAL HISTORY	Any Existing Condition Not Mentioned Above	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Any existing condition not mentioned above?".
REMARKS	Remarks	Enter text: The remarks associated with a driver.
SIGNATURE	Driver's Signature	Sign here: Accommodates the signature of the driver.
SIGNATURE	Date	Enter date: The date the driver signed the form.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).