DRIVER TRAINING INSTRUCTOR PHYSICAL EXAMINATION FORM

This form must be completed by the licensed physician that has examined you within (30) days of filing application. The Driver Training Instructor Applicant should complete Health History and Instructor’s Statement. The Examining Doctor should complete Physical Information, Laboratory Findings, and Doctor’s Statement.

Name: ____________________________  ____________________________  ____________________________
(First)  (Middle)  (Last)

Address: ____________________________  ____________________________  ____________________________  ____________________________
(Street)  (City)  (State)  (Zip Code)

Date of Birth: ____________________________  ____________________________  ____________________________
(Month)  (Day)  (Year)

Health History

Yes  No  Yes  No

☐ ☐  Any illness or injury in last 5 years
☐ ☐  Head/Brain injuries, disorders or illnesses
☐ ☐  Seizures, epilepsy
Medication _______________
☐ ☐  High blood pressure
Medication _______________
☐ ☐  Muscular disease
☐ ☐  Shortness of breath
☐ ☐  Lung disease, emphysema, asthma, chronic bronchitis
☐ ☐  Kidney disease, dialysis
☐ ☐  Liver disease
☐ ☐  Diabetes or elevated blood sugar controlled by:
☐ Diet  ☐ Pills  ☐ Insulin

☐ ☐  Eye disorders or impaired vision (except corrective lenses); Eye injury ______________
☐ ☐  Ear disorders, loss of hearing or balance
☐ ☐  Heart disease or heart attack; other cardiovascular condition
Medication _______________
☐ ☐  Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
☐ ☐  Fainting, dizziness
☐ ☐  Stroke or paralysis
☐ ☐  Spinal injury or disease
☐ ☐  Chronic low back pain
☐ ☐  Regular, frequent alcohol use
☐ ☐  Nervous or psychiatric disorders e.g., severe depression
Medication _______________

Other illness or injuries: ____________________________

Physical Information

General appearance and development:

☐ Good  ☐ Fair  ☐ Poor

Height: ____________________________

Weight: ____________________________

Eyes for Distance
(without glasses/contacts):
Right 20 / ____________________________  Left 20 / ____________________________

Eyes for Distance (with glasses/contacts):
Right 20 / ____________________________  Left 20 / ____________________________

Color Vision: ____________________________  Horizontal Field of Vision: Right:
__________________________  Left:
 ____________________________

Ears (Hearing @ 20 ft.):
Right: ____________________________  Left: ____________________________
Yes  No  Body System:  Check For:
☐ ☐ General Appearance  Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.
☐ ☐ Eyes  Papillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.
☐ ☐ Ears  Middle ear disease, occlusion of external canal, perforated eardrums.
☐ ☐ Mouth and Throat  Irremediable deformities likely to interfere with breathing or swallowing
☐ ☐ Heart  Murmurs, extra sounds, enlarged heart, pacemaker, ICD.
☐ ☐ Lungs and chest, not breast examination  Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal finding on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.
☐ ☐ Abdomen and Viscera  Enlarged liver, enlarged spleen, masses, bruist, hernia, significant abdominal wall muscle weakness.
☐ ☐ Vascular System  Abnormal pulse and amplitude, carotid or arterial bruises, varicose veins.
☐ ☐ Genito-urinary system  Hernias.
☐ ☐ Spine, other musculoskeletal  Previous surgery, deformities, limitation of motion, tenderness.
☐ ☐ Neurological  Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski’s reflexes, ataxia.
☐ ☐ Extremities – Limb Impaired  Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.

Comments:

Laboratory Findings:

Urine:  Spec. Gr.:  ______ Protein:  ______ Sugar:  ______

Blood Pressure (Sitting):  Systolic:  ______ Diastolic:  ______

Pulse:  Before Exercise:  ______ After Exercise:  ______

Instructor’s Statement:  I affirm that all medical questions were answered honestly and to the best of my knowledge.  

Signature of Driver Training Instructor Applicant  Date

Doctor’s Statement:

I affirm that I have examined  ________________________ on  ________________________ (exam date) and found his/her physical condition sufficiently sound to perform the duties required of a Driver Training Instructor.

Printed Name of Examining Doctor  Street Address of Examining Doctor

Signature of Examining Doctor  City  State  Zip

Examing Doctor’s Telephone No.:  ________________________