

## PHYSICIAN'S STATEMENT – DRIVER FITNESS

On \_\_\_\_\_ I examined \_\_\_\_\_ age \_\_\_\_\_ to determine the proposer's mental and physical fitness to operate a motor vehicle. My findings are as follows:

1. GENERAL HEALTH

Is there any nervous, organic, or functional disease which has advanced, or is likely to advance during the next 12 months to a degree that will interfere with safe driving? \_\_\_\_\_

\_\_\_\_\_

2. MENTAL CONDITION

Are the proposer's reflexes, alertness and mental activity adequate to cope with emergencies frequently encountered in driving?

\_\_\_\_\_

\_\_\_\_\_

3. PHYSICAL CONDITION

Has the proposer any bodily defect or limitation such as partial or total loss of use of any eye, fingers, hand, arm, foot or leg that is likely to hinder safe driving? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. HEARING

Can the proposer hear ordinary conversation without a hearing aid:

\_\_\_\_\_

5. VISION

A. Is there any Opacity of the crystalline lenses of either or both eyes?

\_\_\_\_\_

B. Can proposer distinguish red and green colors? \_\_\_\_\_

C. Visual Acuity: Right Eye – 20/\_\_\_\_ Left Eye – 20/\_\_\_\_ with or without glasses?

\_\_\_\_\_

6. Is it your opinion that the proposer is fit to drive a private motor vehicle on the public roads? \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Examiner

\_\_\_\_\_

Full Address

\_\_\_\_\_

Qualifications

\_\_\_\_\_