

# Driver's License Medical Assessment Form

The **driver's license medical assessment form** sample is a crucial document used to evaluate an individual's fitness to operate a vehicle safely. It ensures that medical conditions do not impair driving abilities, promoting road safety. This form typically includes sections for medical history, physical examination, and physician's recommendations.

## Personal Information

Full Name:

Date of Birth:

Driver's License Number (if applicable):

## Medical History

List any existing medical conditions:

Are you currently taking any medications?

If yes, please specify:

Have you experienced any of the following? (Check all that apply):

☐  
☐  
☐  
☐  
☐  
☐

Vision Problems  
Hearing Problems  
Seizures  
Diabetes  
Heart Conditions  
Other medical concerns

## Physical Examination (To be completed by the examining physician)

Blood Pressure:

Vision acuity (with/without correction):

Hearing (Normal/Impaired):

Physical limitations (if any):

Other significant findings:

## Physician's Recommendation

Is the applicant medically fit to drive?

If restrictions apply, list here:

## Certification

Examining Physician Name:

Signature: \_\_\_\_\_

Date:

Submit Assessment