

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?

--Select--

If yes, please specify:

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

<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart Conditions
<input type="checkbox"/>	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?

--Select--

If restrictions apply, list here:

Certification

Examining Physician Name:

Signature: