

**FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT**

TOP PORTION MUST BE COMPLETED BY APPLICANT - Please use BLACK ink

Fax Number: 801 957-8698

www.driverlicense.utah.gov

UTAH DRIVER LICENSE DIVISION

P O BOX 144501

SLC UT 84114-4501

(801) 965-4437

|           |            |                       |               |   |
|-----------|------------|-----------------------|---------------|---|
| Last Name | First Name | Middle or Maiden Name | Date of Birth | Driver License or Driving Privilege Card Number |
|-----------|------------|-----------------------|---------------|---|

|                |      |       |          |                               |
|----------------|------|-------|----------|-------------------------------|
| Street Address | City | State | Zip Code | Social Security Number / ITIN |
|----------------|------|-------|----------|-------------------------------|

|                 |      |       |          |
|-----------------|------|-------|----------|
| Mailing Address | City | State | Zip Code |
|-----------------|------|-------|----------|

 If either your residential or mailing address has changed, please mark the box and print the new address above.

If you have a commercial driver license, you will need to appear at a commercial driver license office to obtain a new license with your correct address.

As part of my application for driving privileges, the following information about my physical, mental and emotional health is submitted. Report below anything which might affect driving, such as heart attacks, use of alcohol or other drugs, psychiatric conditions, accidents, visual loss, etc. If you experience seizures, please give date(s) of the last occurrence(s). Also, please list any medications being used for any medical conditions:

By signing this form, I authorize my healthcare professional(s) to disclose specific health information regarding my physical, mental and emotional condition relevant to my ability to safely operate a motor vehicle, to the Utah Driver License Division, P.O. Box 144501, Salt Lake City, Utah 84114-4501. This authorization is valid for five years or the period of time needed to fulfill its purpose, whichever comes first. I also understand that I may revoke this authorization at any time, by sending written notification to the Utah Driver License Division at the above address.

I understand that if I fail to sign this authorization my driving privilege may be affected. I understand that this information may no longer be protected in accordance with HIPPA but will be classified as a private record in accordance with GRAMA (UCA 63G-2-202). Individuals who are entitled to have a "private" record disclosed to them are limited to the subject of the record, a parent or legal guardian of an unemancipated minor or legally incapacitated individual, an individual with power of attorney or a notarized release signed by the subject of the record, or an individual with a court or legislative subpoena.

APPLICANT'S SIGNATURE:

Date:

Form will not be processed without signature

**HEALTH CARE PROFESSIONAL REPORT**

The following functional ability profile is for use in determining driving privileges. It is consistent with the current edition of **Functional Ability in Driving: Guidelines and Standards for Health Care Professionals**. Please mark profile below with a horizontal line or an "X" to show appropriate level for each category.

| Profile Level | A<br>Diabetes & Metabolic Condition | B<br>Cardio-Vascular & High Blood Pressure | C<br>Pulmonary<br><input type="checkbox"/> Inhaler Only<br><input type="checkbox"/> Oxygen w/Driving | D<br>Neurologic | E<br>Seizures or Episodic Conditions | F<br>Learning Memory | G<br>Psychiatric or Emotional Condition | H<br>Alcohol & Other Drugs | J<br>Musculo-skeletal/ Chronic Debility | K<br>Alertness or Sleep Disorders | L<br>Hearing <input type="checkbox"/> (CDL)<br>Balance <input type="checkbox"/> |
|---------------|-------------------------------------|--|--|-----------------|--------------------------------------|----------------------|---|----------------------------|---|-----------------------------------|---|
| 1             |                                     |  |  |                 |                                      |                      |   |                            |   |                                   |   |
| 2             |                                     |  |  |                 | K MAB C                              |                      |   |                            |   |                                   |   |
| 3             |                                     |  | K  | K               |                                      |                      | K                                       | K                          | K MAB C                                 | K MAB C                           |   |
| 4             | K                                   |  |  |                 |                                      | K                    |   |                            | DST                                     | D*                                |   |
| 5             |                                     |  |  |                 |                                      | Not Used             |   |                            | DST                                     | S D A *                           | K   |
| 6             |                                     | S D A *                                    | S D A *  | DST             |                                      | DST/S D A *          |   | S D A *                    | DST                                     | Not Used                          | Not Used  |
| 7             |                                     |  |  |                 |                                      |                      |   |                            |   |                                   |   |
| 8             |                                     |  |  |                 |                                      |                      |   |                            |   |                                   |   |

If it is not possible to complete all categories, please check one of the following:

- Non-standard review time frame \_\_\_\_\_
- Profile categories not marked are relevant and should be completed by another health care professional.
- There are special considerations I would like to discuss with a representative of the Department or the Medical Advisory Board.
- I have not examined this patient recently or completely enough to have a valid judgment.
- I recommend this driver complete a driving skills test in an appropriate vehicle.

\* Recommended Restrictions:

- Speed  Daylight only  Area
- Accompanied by licensed driver
- Oxygen while driving

K = for Division use only DST = Driving Skills Test  
MAB = Medical Advisory Board C= Commercial

|                              |   |           |                      |
|------------------------------|---|-----------|----------------------|
| Date (current within 6 mos.) | Printed Name of Health Care Professional and Degree | Signature | State License Number |
|------------------------------|---|-----------|----------------------|

|                |      |       |          |           |            |
|----------------|------|-------|----------|-----------|------------|
| Street Address | City | State | Zip Code | Telephone | Fax Number |
|----------------|------|-------|----------|-----------|------------|

Doctor's Comments \_\_\_\_\_

|                              |   |           |                      |
|------------------------------|---|-----------|----------------------|
| Date (current within 6 mos.) | Printed Name of Health Care Professional and Degree | Signature | State License Number |
|------------------------------|---|-----------|----------------------|

|                |      |       |          |           |            |
|----------------|------|-------|----------|-----------|------------|
| Street Address | City | State | Zip Code | Telephone | Fax Number |
|----------------|------|-------|----------|-----------|------------|

Doctor's Comments \_\_\_\_\_

**FOR USE AS AN OVERVIEW ONLY**

Functional ability profiles serve to define a person’s physical, mental, or emotional health in a way that it can easily be related to issuing regular or restricted driver licenses.

This table shows, in general, the principle requirements for each level and may be **used as a rough guide only**. A full narrative description and table for each category are found in the

**Functional Ability In Driving: Guidelines and Standards for Health Care Professionals**, which is available at a Utah Driver License Division office or on-line at [www.driverlicense.utah.gov](http://www.driverlicense.utah.gov)

| Level | A<br>Diabetes &<br>Metabolic<br>Conditions                                | B<br>Cardio-<br>vascular   | C<br>Pulmonary   | D<br>Neurologic  | E<br>Seizures &<br>Episodic<br>Conditions                                    | F<br>Learning<br>Memory  | G<br>Psychiatric<br>Emotional<br>Condition                          | H<br>Alcohol &<br>Other Drugs   | I<br>Visual<br>Acuity  | J<br>Musculo-<br>skeletal or<br>Chronic<br>Debility               | K<br>Alertness &<br>Sleep<br>Disorders   | L<br>Hearing &<br>Balance                         |
|-------|---|--|--|--|--|--|---|---|--|---|--|---|
| 1     | No history  | No past history or fully recovered   | No disease or fully recovered  | No history or fully recovered                              | No history or none in 5 years w/o medication                                 | No history or fully recovered  | No history or no symptoms for 2 years                               | No history or no problems within 2 years  | <b>THIS CATEGORY PROFILE SHOULD BE COMPLETED ON A SEPARATE FORM: "CERTIFICATE OF VISUAL EXAMINATION"</b> | No history or fully recovered 1 year or more                      | No history or problem for 2 years. ESS <6                                      | No current or past balance problem                |
| 2     | Adult, stable with <b>non-insulin stimulation</b> , diet and/or oral meds | All Class I rhythm, no limits, no symptoms on ordinary activity                        | Minimal symptoms. No steroids  | Minimal impairment, able to control equipment              | Seizure free 1 year, off medication  | Minimal difficulty with good adjustment  | Stable 1 year with or without medication                            | No consequences within past year  |  | Minimal loss of function  | Problems with good self-management ESS 7-9                                     | Mild balance (Meniere’s disease)                  |
| 3     | Stable on oral <b>insulin-stimulating</b> agent and/or diet               | Class I rhythm stable, with pacemaker for 6 months<br>Symptoms with strenuous activity | Symptoms on activity, intermittent steroids FVC & FEV>50% of normal              | Slight impairment, able to control equipment               | Seizure free 1 year, on medication   | Slight impairment with good judgment   | Stable 3 months with or without medication                          | No consequences within past 6 months  |  | Mild loss of function with or without compensatory device         | Mild/moderate problems, good professional management ESS 10-12                 | Problems but not incapacitating                   |
| 4     | Stable on insulin for 1 year  | Class II rhythm, stable for 3 months<br>Diastolic under 120                            | Stable with O <sub>2</sub> or steroids, dyspnea on exertion                      | Moderate impairment of dexterity                           | Seizure free 6 months on medication  | Moderate impairment with good judgment   | Stable 1 month with medication                                      | No consequences within past 3 months  |  | Moderate loss of function with or without comp device             | Moderate problems related to time of day ESS 13-15                             | Recurring problem, not in past 3 months           |
| 5     | Stable for 6 months   | Class III anticipated aggravation by unlimited driving                                 | PO <sub>2</sub> over 50, symptoms w/ordinary activity, no cough syncope 3 months | Moderate impairment and decreased stamina                  | Seizure free 3 months on medication  | <b>NOT USED</b>  | Minimal dyskinesia, medications which interfere with coordination   | No consequences within past 1 month   |  | Limited joint motion  | Moderate problems related to time and circumstances ESS 13-15                  | Recurring problems not in past 1 month            |
| 6     | Stable for 3 months   | Class III unstable rhythm, uncontrolled hypertension                                   | Severe dyspnea no syncope within 3 months  | Moderate impairment expected to be temporary               | Single recurrence over 2 years<br>Special circumstances                      | Moderate impairment, variable adjustment or altered competence from meds, alcohol, drugs | As recommended. Driving under direct supervision may be therapeutic | Intermittent impairment of function, not in driving or working hours, drive under supervision |  | Impairment or debility requiring assistance of responsible driver | <b>NOT USED</b>  | <b>NOT USED</b>                                   |
| 7     | <b>Special Circumstances or under evaluation</b>                          |  |  |  |  |  |   |   |  |   |  |   |
| 8     | Severe unstable insulin-dependant<br><br><b>NO DRIVING</b>                | Class IV arrhythmia with loss of conscious uncontrolled Ht,<br><br><b>NO DRIVING</b>   | Severe dyspnea, syncope within 3 months<br><br><b>NO DRIVING</b>                 | Impairment incompatible w/driving<br><br><b>NO DRIVING</b> | Seizures not controlled or interfering medications,<br><br><b>NO DRIVING</b> | Severe impairment and poor adjustment<br><br><b>NO DRIVING</b>                           | Active condition with risk<br><br><b>NO DRIVING</b>                 | Chronic use of alcohol or drugs<br><br><b>NO DRIVING</b>                                      | <b>Level 10</b><br>20/200 or worse with VF less than 60 degrees<br><br><b>NO DRIVING</b>                 | Chronic unsafe conditions<br><br><b>NO DRIVING</b>                | Severe problem, no medication or unsuccessful therapy<br><br><b>NO DRIVING</b> | Chronic balance problems<br><br><b>NO DRIVING</b> |