



NAME:

DOB:

UT LICENSE #

UT ID#

Examiner Notes and Completed Date Stamp:

Impairment that may affect driving safety are responsible for reporting this to the division or its agent.

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?

- A Diabetes
B Cardiovascular
C Pulmonary
D Neurologic
E Epilepsy
F Learning and Memory
G Psychiatric
H Alcohol and Drugs
I Vision
J Musculoskeletal Chronic Debilities
K Alertness or Sleep Disorders
L Hearing Impairment
Balance (ENT Problems)
Other

Answering yes to any of the above questions may result in your receiving a request for additional follow-up information.



PLEASE STOP AND TAKE THE COMPLETED FORM TO AN EXAMINER