STILLWATER INSURANCE GROUP

Physician's Opinion Statement – Driver Fitness

On _____ I examined _____ date of birth _____

to determine his or her mental and physical fitness to operate a motor vehicle. My findings are as follows:

General Health

1. 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? ☐ Yes ☐ No
2. Has the applicant ever been treated or received medication for any nervous disorders (muscular dystrophy, multiple sclerosis, cerebral palsy)? ☐ Yes ☐ No
3. Has the applicant ever been treated for epilepsy? ☐ Yes ☐ No

Mental Condition

4. Has a loss of alertness or mental activity adversely affected the applicant's ability to handle emergencies frequently encountered in driving? ☐ Yes ☐ No

Physical Condition

5. Has the applicant lost any of the following members? ☐ Yes ☐ No

   ☐ Finger ☐ Hand ☐ Arm ☐ Leg

   a. Is there any partial or total loss of use of any of the above that impairs safe driving ability? ☐ Yes ☐ No
   b. Is there any other bodily defect or limitation that is likely to hinder safe driving? ☐ Yes ☐ No
   c. Does the car have special controls? ☐ Yes ☐ No

Hearing

6. Does the applicant need a hearing aid to hear ordinary conversation? ☐ Yes ☐ No

Vision

7. Has the applicant ever had cataracts? ☐ Yes ☐ No
8. Has the applicant lost the use of either eye? ☐ Yes ☐ No
9. Is there any opacity of the crystalline lenses of either or both eyes? ☐ Yes ☐ No
10. Visual acuity with corrective lenses

    Both Eyes if same: 20/ _____ Left Eye: 20/ _____ Right Eye: 20/ _____
11. Do the above visual acuity ratings suggest an inability to safely operate a motor vehicle? ☐ Yes ☐ No
12. Please explain any "Yes" answers above: _____

_____

_____

I have examined the above-named person and attest that these responses are true. In my professional opinion, the above-named person is in adequate health for the safe operation of a motor vehicle.

Name of Examining Physician	Signature of Examining Physician	Phone Number	Date