

Utah Driver License Division
Abbreviated Health Questionnaire

Last Name _____

First Name _____

Middle or Maiden Name _____

Date of Birth _____

Driver License Number _____

The Utah Driver License Medical Advisory Board has determined the following conditions may be directly related to driving safety. These questions must be answered by every applicant applying for any Utah Driver License or Medical Certificate.

(Answer all questions) DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING IN THE LAST FIVE YEARS?

- Yes No A. DIABETES: Diabetes (high blood sugar, sugar diabetes, you control with diet, medication or insulin) hypoglycemia or other metabolic condition etc., which may interfere with driving safety? Is this a thyroid condition only? Yes No
- Yes No B. CARDIOVASCULAR: Heart condition, with or without symptoms, (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) currently requiring medication for control?
- Yes No C. PULMONARY: Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.), sleep apnea or shortness of breath which has required treatment? Is an inhaler the only medication prescribed for this condition? Yes No
- Yes No D. NEUROLOGIC: Neurological condition (stroke, head injury, narcolepsy, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's Disease, etc.) Which may interfere with driving safety?
- Yes No E. EPILEPSY: Epilepsy, seizures, other episodic conditions which include any recurrent loss of consciousness control? [Commercial: anytime in life? Yes No]
- Yes No F. LEARNING AND MEMORY: Learning and memory difficulties observed personally or reported to you by others?
- Yes No G. PSYCHIATRIC: Psychological condition (anxiety, severe depression, behavioral mood conditions, schizophrenia, etc.), for which a physician has recommended that you take medication? List medications for this condition: _____
- Yes No H. ALCOHOL AND DRUGS: Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency?
- Yes No I. VISUAL ACUITY: Is your vision worse than 20/40 in either eye, even with corrective lenses?
 Yes No Are corrective lenses required for driving?
 Yes No Have you experienced a decrease in peripheral (side) vision?
 Yes No Do you have a degenerative or progressive eye condition?
- Yes No J. MUSCULOSKELETAL/CHRONIC DEBILITIES: Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment? New or changed in the past 5 years? Present longer than 5 years?
- Yes No K. FUNCTIONAL MOTOR IMPAIRMENT: Need for use of a brace, prosthesis or compensating accessories for driving? New or changed in the past 5 years? Present longer than 5 years?
- Yes No L. HEARING: Have you experienced a loss of hearing? Please explain: _____
 Are you currently wearing hearing aides? Yes No
- Yes No OTHER: Other health problems or use of medications which might interfere with driving ability or safety? Please explain: _____

I hereby certify under penalty of law that information contained in this health questionnaire is true to the best of my knowledge

Date: _____ Signature: _____

GENERAL INFORMATION

The Driver License Division has been authorized to extend the expiration date of licenses for persons who do not have: 1) More than 4 moving violations within five years; or, 2) A conviction for reckless driving within the last five years; or, 3) Any current suspension(s) or revocation(s) or any within the last five years, or, 4) Any medical impairment that could pose a threat to highway safety; or, 5) A Commercial Driver License.

Your driving record indicates that you are eligible; therefore, if you desire this extension, please follow the instructions below.

IMPORTANT: IF YOU WISH TO MAKE ANY CHANGES ON YOUR DRIVER LICENSE (Name Change, Address Change, Etc.) YOU MUST APPEAR AT A LOCAL DRIVER LICENSE EXAMINING OFFICE. If you change your name, you must present a marriage certificate or related court documents.

INSTRUCTIONS

1. Complete the Abbreviated Health Questionnaire. (Answer each question on the reverse side of this form).
2. Complete the application. (Please do not fold or staple).
3. If you will be **65** or older on your next birthday, have a qualified ophthalmologist, optometrist, or other health care professional complete the vision exam below. The examination date must be within 6 months of the expiration date of your license, or you may appear at the most convenient Driver License Examining Office for a free vision check.
4. Prepare a check or money order, payable to the "Driver License Division", for the correct fee as stated on your application. **PLEASE DO NOT MAIL CASH -- THANK YOU**
5. **Write your permanent Driver License Number on your check or money order.**
6. Mail the application, medical questionnaire, eye statement if applicable, check or money order, **NOT YOUR DRIVER LICENSE**, in the enclosed self-addressed envelope to, Driver License Division, P.O. Box 30570, Salt Lake City, UT 84130-0570. We must receive your application before the expiration date of your driver license. When your application has been approved, a Certificate of Extension will be mailed to you within 8 weeks.

AVOID WAITING IN LINE -- RETURN YOUR APPLICATION TODAY!

NOTE: If you desire to apply at a local Driver License Examining Office, you will be required to have your vision checked and a photo taken, however, the written test will be waived if you present the enclosed application notice. **IF THE APPLICATION IS MADE IN AN EXAMINING OFFICE, THERE WILL BE A FEE INCREASE AND A REGULAR APPLICATION FORM TO COMPLETE.** If you act now, you will receive the Certificate of Extension before your current license expires. If you have already renewed your license, disregard this notice. General information telephone 965-4437.

COMPLETE THE ABBREVIATED HEALTH QUESTIONNAIRE ON REVERSE SIDE

IF YOU WILL BE 65 YEARS OR OLDER ON YOUR NEXT BIRTHDAY, YOU MUST HAVE YOUR VISION CHECKED (Instructions below)

If you choose not to have a free vision check at a Driver License Office, then you must have a qualified ophthalmologist, optometrist, or other health care professional complete the following information and return this form with your application, and check or money order.

The date of the examination must be within six (6) months of the expiration date of your license.

Name _____
Last First Middle Initial

Driver Lic. # _____ Birth Date _____

 Applicant's Signature

HCP Signature: _____
Ophthalmology, Optometry, Other

 Date of Visual Examination

Comments:

LENSES REQUIRED WHILE DRIVING:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Visual Acuity	Without Correction	With Correction	Visual Field at least 120°	
RIGHT EYE			<input type="checkbox"/> YES	<input type="checkbox"/> NO
LEFT EYE			<input type="checkbox"/> YES	<input type="checkbox"/> NO
BOTH EYES			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If visual fields are less than 120°, are they at least 90°?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Circle Profile Level: 1 2 3 4 5 6 7 8 9 10 11 12				

FUNCTIONAL ABILITY EVALUATION MEDICAL CERTIFICATE REPORT

UTAH DRIVER LICENSE DIVISION
4501 SOUTH 2700 WEST 3RD FLR SO
P O BOX 30560 SLC UT 84130-0560

DLD 134 10/92

TOP PORTION MUST BE COMPLETED BY APPLICANT

PRIVATE COMMERCIAL
EXEMPT INTRACITY ZONE YES NO
MEDICAL CARD EXPIRES: _____

Last Name _____ First Name _____ Middle or Maiden Name _____ Date of Birth _____ Driver License Number _____
As part of my application for driving privileges, the following information about my physical, mental and emotional health is submitted. PAST HISTORY: Report below anything which might affect driving, such as seizures, heart attacks, serious illnesses or injuries, use of alcohol or other drugs, psychiatric conditions, accidents, visual loss, etc. Give date(s) of last occurrence(s): _____

PRESENT CONDITION: Give present status of physical, mental or emotional problems, including medications being used, limitation of visual or movement functions: _____

I authorize any health care professional to release information pertaining to my physical, mental and emotional health for private confidential use in my evaluation for driving privileges. I expect the health care professional to advise me about my health as it relates to driving and to report accurately regarding my condition, but I understand the Department of Public Safety is responsible for all decisions about issuing driver licenses and medical certificates. I further understand it is my responsibility to refrain from driving if I become aware of changes in my health which may affect driving safety and to report relevant changes in writing to the Driver License Division.

Date: _____ Applicant's Signature: _____

HEALTH CARE PROFESSIONAL REPORT BELOW

The following functional ability profile is for use in determining driving privileges. It is consistent with **Functional Ability in Driving: Guidelines and Standards For Health Care Professionals**. A summary tabulation of the Guidelines and Standards is shown on the back of this form for convenient reference. Details are found in your copy of the Guidelines and Standards. Please mark profile below with a horizontal line or an "X" to show appropriate level for each category. In some categories, final level may depend upon driving test. Please check the box below to indicate that a driving test should be taken.

Profile Level	A Diabetes & Meta-bolic Condition	B Cardio-vascular	C Pul-monary	D Neuro-logic	E Epilepsy (Episodic Conditions)	F Learning Memory	G Psychiatric or Emotional Condition	H Alcohol & Other Drugs	I Visual Acuity	J Musculo-skeletal/ Chronic Debility	K Functional Motor Impairment	L Hearing
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Commercial drivers (Class A,B,C,D Licenses) must be profiled in ALL categories by the examining health care professional. If it is not possible to complete all categories, please check one of the following:

- Profile categories not marked are not relevant to driving ability in this case (e.g. visual problem only)
- Profile categories not marked are relevant and should be completed by another health care professional who has more adequate information.
- I have not examined this patient recently or completely enough to have a valid judgment; please refer to: _____
- There are special considerations I would like to discuss with a representative of the Department or the Medical Advisory Board
- Other Comments: _____

I recommend that this driver complete a driving skills test in an appropriate vehicle.

Standard intervals for medical re-evaluation for each category and profile level will apply unless a different interval is shown under the appropriate category below.

Category	A	B	C	D	E	F	G	H	I	J	K	L
Nonstandard Evaluation Interval												

Date _____ Printed Name of Health Care Professional _____ Signature and Degree _____

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____
Top Copy (pink): Health Care Professional 2nd Copy (white): Driver License Division 3rd Copy (yellow): Applicant

Level	A Diabetes & Metabolic Conditions	B Cardio-vascular	C Pulmonary	D Neurological	E Epilepsy Epileptic Conditions	F Learning, Memory, etc.	G Psychiatric Emotional Condition	H Alcohol & Other Drugs	I Visual Acuity	J Musculoskeletal or Chronic Deformity	K Functional Motor Impairment	L Hearing
1	No history of past or present impairment											
2	Past impairment, full recovery, no medication											
3	Diets & oral agent stable	Class I Rhythm stable 5 yrs b.	Minimal impairment	Very Minimal impairment	Free 5 years off meds 5 years	Past impairment; full recovery; no meds.	No symptoms 5 years; off medication	No history of alcohol abuse No drug use in past 5 yrs	20/40 in each eye. 120° visual field in each eye. Color ok b.	Past impairment, full recovery, no medication	No limit in driving	Able to hear forced whisper at 5 feet w/o aid
	Mild impairment											
4	Stable 1 year	AHA Class I b.	Mild impairment	Minimal impairment	1 year free - on or off medication	Borderline Cognitive impairment	Stable 3 months; on or off medication	History of drug use or alcohol abuse but not in past 2 yrs	20/40 in better eye. 120° total visual field. Stable pathology. Color ok b.	Mild residual loss of function	Demonstrated ability to handle vehicles to be driven, with or without compensatory aids	Able to hear forced whisper at 5 feet with aid
5	Stable 6 months	AHA Class II b.	Dyspnea with unusual activity	Mild impairment	5 months free; on or off medication	Not Used	Stable. Min. need effects	History of drug use or alcohol abuse but not in past 3 mths	20/50-20/70 in better eye. 120° total visual field. Stable pathology	Moderate impairment	More than 65 dec loss PTV. Only	Unable to hear forced whisper
6	Stable 3 months	AHA Class III	Not Used	Moderate impairment	4 months free; on or off medication	Not Used	Not used	Intermittent patterns	20/80-20/100 in better eye. 90° total visual field. Stable pathology	Requiring assistance	Accompanied by licensed driver	
7	Stable less than 3 months	Unstable rhythm, hypertension, etc.	Moderate impairment	Moderate impairment	3 months free; on or off medication	Not used	Variable symptoms	Intermittent use; driving only with licensed driver restrictions apply	20/80-20/100 in better eye. 90° total visual field. Unstable pathology			
8	Stable less than 3 months	Unstable rhythm, hypertension, etc.	Moderate impairment	Moderate impairment	3 months free; on or off medication	Not used	Variable symptoms	Intermittent use; driving only with licensed driver restrictions apply	20/80-20/100 in better eye. 90° total visual field. Unstable pathology			
9	Unpredictable symptoms											
10	Special circumstances - See Guidelines and Standards for each category											
11	Under evaluation c.											
12	No driving											

a. Level should be followed by suffix, if indicated: C = Visual Correction, CPD = Compensating Personal Device used, CSA = Compensating Standard Accessory used, CNA = Compensating Non-standard Accessory used. For example, a person who has a visual acuity of 20/40 in better eye with glasses would have a Category I Profile Level of 4-C. A person needing hand controls might be given a Category K level of 4-P-CNA, which might be changed to 5-CNA by a driving examiner.

b. For commercial drivers see appropriate section of Functional Ability In Driving: Guidelines And Standards For Health Care Professionals.

c. For other considerations, see appropriate section of Functional Ability In Driving: Guidelines And Standards For Health Care Professionals.

FOR USE AS AN OVERVIEW ONLY