Department *of* Public Safety
Driver License Division

FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

Last Name | **First Name** | **Middle** | **Date of Birth**

Driver License Number | **Date** | **Driver's Signature**

The following portion of this form is to be completed by a Health Care Professional (HCP). Fraudulent submission can result in criminal and administrative action. Medical information submitted on this form should be restricted to information that is needed in relation to safe driving. For more information on how to submit this form and a full listing of current medical guidelines, visit our website at **dld.utah.gov/health-care-professionals.**

	A Diabetes & Metabolic Conditions	B Cardiovascular	C Pulmonary	D Neurologic	E Seizures & Episodic Conditions	F Learning & Memory	G Mental Health	H Alcohol & Other Drugs	J Musculoskeletal or Chronic Debility	K Alertness or Sleep Disorder
	☐Insulin-dependent	☐Hypertension only	☐Oxygen w/driving ☐Inhaler only		Date of last seizure: _____					
1										
2										
3										
4										
5										
6										
7										
8	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving

Health Care Professional Recommended Review Time Frame (recommendations made by the individual's HCP supersede standardized guidelines)

☐Standard review time ☐Upon renewal of the license ☐Six-month review time ☐One-year review time ☐No further review

☐Other: _____ ☐There are special considerations I would like to discuss.

Health Care Professional Recommended Restrictions

☐Speed-posted 40 mph or less ☐Supplemental oxygen while driving ☐Area (requires driving review) ☐Daylight driving only

Health Care Professional Recommended Driver Review

☐Would require the driver to complete a physical assessment, written knowledge, and driving skills test.

Is there a disorder or condition that is not marked that is relevant to safe driving for this driver? If so, what categories do you recommend? _____

Health care professional comments: _____

Required responses for submission in applicable scenarios. (Submission will not be accepted if older than 6 months or if the required medical information is missing.)

1. *Exam Date | *Printed Name of Health Care Professional | *Signature and Degree | State License Number

*Form Signed Date | *Street Address | City | Zip Code | Telephone

2. *Exam Date | *Printed Name of Health Care Professional | *Signature and Degree | State License Number

*Form Signed Date | *Street Address | City | Zip Code | Telephone

Phone: 801.965.4437 ~ Medical Portal: dldmedical.ps.utah.gov ~ Email: dlmedical@utah.gov ~ Fax: 801.957.8698
PO Box 144501, Salt Lake City, Utah 84114-4501

This table shows, in general, the principal requirements for each level and may be used as a condensed version of the guidelines and standards. A full narrative description and table for each category can be found in the Functional Ability in Driving: Guidelines and Standards for Health Care Professionals on our website at: **https://dld.utah.gov/medical-guidelines-standards/.**

*Level requires a speed, area, or daylight restriction.

**Recommendations made by the individual's Health Care Professional (HCP) supersede standardized guidelines.

Medical Categories and Safety Assessment Levels

	A Diabetes & Metabolic Conditions	B Cardiovascular	C Pulmonary	D Neurologic	E Seizures & Episodic Conditions	F Learning & Memory	G Mental Health	H Alcohol & Other Drugs	J Musculoskeletal or Chronic Debility	K Alertness or Sleep Disorder
1	No history No further review**	No past history or fully recovered No further review**	No disease or fully recovered No further review**	No past history or fully recovered No further review**	No history No further review**	No history or fully recovered No further review**	No history or no symptoms for two years No further review**	No history or no problems within two years No further review**	No history or fully recovered for one year or more No further review**	No history or problem for two years ESS < 6 No further review**
2	Stable with diet and/or non-insulin-stimulating meds No further review**	All AHA Class I; isolated arrhythmia, no limits, no symptoms on ordinary activity No further review**	Minimal symptoms – Room air oxygen saturation of at least 94% One-year review**	Minimal impairment, able to control equipment in a conventional manner Five-year review**	Single seizure but none in the past five years, and off meds for at least four years Two-year review**	Minimal difficulty with good social and personal adjustment No interval for review**	Stable at least one year with or w/o meds; no psychiatric hospitalization for at least one-year One-year review**	No history or no problem within the past year One-year review**	Mild residual loss of function Five-year review** CDL skills test on initial assessment, and afterward, a two-year review	Problems with good self-management ESS 7-9 Two-year review**
3	Stable with insulin-stimulating meds for one year No further review**	AHA Class I; rhythm normal or stable with a pacemaker for six months; one-year minimum symptoms with strenuous activity One-year review**	Symptoms on activity, FVC & FEVI>50% to 65% of predicted normal One-year review**	Moderate impairment of dexterity One-year review**	Seizure-free for one year or more, on medication, followed by an additional year off meds, remaining seizure-free One-year review**	Slight impairment w/good socialization & emotional control Five-year review**	Stable at least six months with or w/o meds; no psychiatric hospitalization for at least six months One-year review**	No history or no problems within the past six months Six-month review**	Moderate residual loss of function with or without a compensatory device Two-year review** Skills test on initial assessment	Mild/moderate problems, good professional management ESS 10-12 One-year review**
4	Stable on insulin for one year One-year review**	AHA Class II; rhythm, stable for three months One-year review**	Stable with intermittent 01; dyspnea on exertion, no cough, syncope six months One-year review**	Moderate impairment of dexterity or decreased stamina One-year review**	Seizure-free one year or more on AED medication w/o side effects One-year review**	Moderate impairment w/good socialization & emotional control Five-year review** Two-year review for CDL Skills test on initial assessment	Stable at least three months with meds; no psychiatric hospitalization for three months Six-month review**	Alcohol or drug use with no adverse consequences within the past three months Three-month review**	Limited joint motion, deformity of limb or spine, amputation One-year review** Skills test on initial assessment	Moderate problems, related to time of day ESS 13-15 Six-month review** Daylight restriction
5	Stable on insulin for 6 months but < than one year One-year review**	AHA Class III; anticipated aggravation by unlimited driving One-year review**	Moderate dyspnea w/ordinary activity, no cough, syncope three months – if 02 is required to maintain > 90% sats, constant oxygen is required while driving Six-month review**	Moderate neurologic impairment is expected to be temporary Six-month review** Skills test S.A.D*	Seizure-free for six months to one year on AED medication w/o side effects Six-month review**	NOT USED No definition	Stable at least one month with meds; no psychiatric hospitalization for one month Six-month review**	Alcohol or drug use with no adverse consequences within the one-month Three-month review**	Limited joint motion, deformity of limb or spine; amputation with or w/o prosthetic device, variable weakness, pain One-year review** Skills test on initial assessment	Moderate problems related to time & circumstances ESS 13-15 Six-month review** S.A.D*
6	Stable on insulin for three months but < than six months Six-month review**	AHA Class III; unstable rhythm Six-month review** S.A.D*	Severe dyspnea; cough, syncope within three months – if 02 is required to maintain > 90% sats, constant oxygen is required while driving Six-month review** S.A.D*	NOT USED No definition	Seizure-free for three months to six months on AED – level not applicable for CDL Six-month review**	Moderate impairment, or variable competence or control One-year review** Skills test on initial assessment S.A.D*	Minimal dyskinesia, or meds that minimally interfere with coordination Six-month review**	Intermittent impairment of function, not while driving or working Three-month review** S.A.D*	NOT USED No definition	NOT USED No definition
7	Special circumstances or under evaluation Six-month review**	Special circumstances or under evaluation Six-month review**	Special circumstances As recommended	Special circumstances Six-month review**	NOT USED No definition	Special circumstances Six-month review**	Special circumstances Six-month review**	Special circumstances Three-month review**	Special circumstances One-year review**	Severe inattentiveness Six-month review**
8	Severe, unstable insulin-using diabetes or persistent ketosis No driving	AHA Class IV limitations with any activity symptoms at rest No driving	Severe dyspnea with any activity or 02 saturation less than or equal to 89% with supplemental oxygen No driving	Strength, sensory, coordination, or cognitive impairment with any driving No driving	Date of most recent seizure within the last three months and/or uncontrolled No driving	Severe impairment of intellectual functions or communication No driving	Severe current condition, behavioral manifestations, hospitalizations, or adverse medication side effects No driving	Chronic use of alcohol or other drugs with impairment of motor and/or intellectual functions No driving	Chronic conditions make driving unsafe, not fully compensated for by restorative devices No driving	Severe inattentiveness or hypersomnia therapy not tried or unsuccessful No driving