



Functional Ability Evaluation Medical Report
Utah Driver License Division
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Last Name First Name Middle Date of Birth Driver License Number

Driver's Signature Date

The following portion of this form is to be completed by a health care professional. 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, visit dld.utah.gov. A full listing of current medical guidelines can be found on our website at <https://dld.utah.gov/healthcare-providers/>

	A Diabetes and Metabolic Conditions <input type="checkbox"/> Insulin- dependent	B Cardio- vascular <input type="checkbox"/> Hyper- tension only	C Pulmonary <input type="checkbox"/> Oxygen w/driving <input type="checkbox"/> Inhaler only	D Neurologic	E Seizures & Episodic Conditions Date of last seizure _____	F Learning & Memory	G Mental Health	H Alcohol & Other Drugs	J Musculo- skeletal or Chronic Debility	K Alertness or Sleep Disorder
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 Recommend Review Time Frame	Health Care Professional Recommended Restrictions
<input type="checkbox"/> Standard review time <input type="checkbox"/> Six month review time <input type="checkbox"/> One year review time <input type="checkbox"/> Upon renewal of license <input type="checkbox"/> No further review <input type="checkbox"/> Other _____ <input type="checkbox"/> There are special considerations I would like to discuss	<input type="checkbox"/> Speed- posted 40 mph or less <input type="checkbox"/> Area (requires driving review) <input type="checkbox"/> Supplemental oxygen while driving <input type="checkbox"/> Daylight driving only <input type="checkbox"/> Health care professional recommended driver review: Would require driver to complete a physical assessment, written test 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 required medical information is missing)

1.	_____ *Exam Date	_____ *Printed Name of Health Care Professional	_____ *Signature & Degree	_____ State License Number		
	_____ *Form Signed Date	_____ *Street Address	_____ City	_____ State	_____ Zip Code	_____ *Telephone
2.	_____ *Exam Date	_____ *Printed Name of Health Care Professional	_____ *Signature & Degree	_____ State License Number		
	_____ *Form Signed Date	_____ *Street Address	_____ City	_____ State	_____ Zip Code	_____ Telephone

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 online at <https://dld.utah.gov/healthcare-providers/>

SAFETY ASSESMENT LEVELS		A	B	C	D	E	F	G	H	J	K
		Diabetes & Metabolic Condition	Cardiovascular	Pulmonary	Neurologic	Seizures & Episodic Conditions	Learning Memory Condition	Mental Health	Alcohol & Other Drugs	Musculoskeletal or Chronic Debility	Alertness or Sleep Disorders
	1	No history. No further review.	No past history or fully recovered. No further review.	No disease or fully recovered. No further review.	No 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 2 yrs. No further review.	No history or no problems within 2 yrs. No further review.	No history or fully recovered 1 yr or more. No further review.	No history or problem for 2 yrs. 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%. 1 yr review.	Minimal impairment, able to control equipment in conventional manner. 5 yr review.	Single seizure but none in past 5 yrs, and off meds for at least 4 yrs. 2 yr review.	Minimal difficulty with good social and personal adjustment. No interval for review.	Stable at least 1 yr with or w/o meds; no psychiatric hospitalization for at least 1 yr. 1 yr review.	No history or no problems within past year. 1 yr review.	Mild residual loss of function. 5 yr review. CDL skills test on initial assessment, afterwards a 2 yr review.	Problems with good self-management ESS 7-9. 2 yr review.
	3	Stable with insulin stimulating meds for 1 yr. No further review.**	AHA Class I; rhythm normal or stable with pace-maker for 6 mos; 1 yr min symptoms w/ strenuous activity. 1 yr review.	Symptoms on activity, FVC & FEV1>50% to 65% of predicted normal. 1 yr review.	Moderate impairment of dexterity. 1 yr review.	Seizure free 1 yr or more, on medication, followed by additional 1 yr off meds remaining seizure free. 1 yr review.	Slight impairment w/ good socialization & emotional control. 5 yr review.	Stable at least 6 mos with or w/o meds; no psychiatric hospitalization for at least 6 mos. 1 yr review.	No history or no problems within past 6 mos. 6 mos review.	Moderate residual loss of function with or without compensatory device. 2 yr review. Skills test on initial assessment.	Mild/moderate problems, good professional management ESS 10-12. 1 yr review.
	4	Stable on insulin for 1 yr. 1 yr review.	AHA Class II; rhythm, stable for 3 mos. 1 yr review.	Stable with intermittent O2; dyspnea on exertion, no cough syncope 6 mos. 1 yr review.	Moderate impairment of dexterity or decreased stamina. 1 yr review.	Seizure free 1 yr or more on AED medication w/o side effects. 1 yr review.	Moderate impairment w/ good socialization & emotional control. 5 yr review. 2 yr review for CDL. Skills test on initial assessment	Stable at least 3 mos with meds; no psychiatric hospitalization for 3 mos. 6 mos review.	Alcohol or drug use with no adverse consequences within past 3 mos. 3 mos review.	Limited joint motion, deformity of limb or spine; amputation. 1 yr review. Skills test on initial assessment	Moderate problems related to time of day ESS 13-15. 6 mos review. Daylight restriction.
	5	Stable on insulin for 6 mos but < than 1 yr. 1 yr review.	AHA Class III; anticipated aggravation by unlimited driving. 1 yr review.	Moderate dyspnea w/ordinary activity, no cough syncope 3 mos. If O2 is required to maintain > 90% sats constant oxygen is required while driving. 6 mos review.	Moderate neurologic impairment expected to be temporary. 6 mos review. Skills test. S.A.D.*	Seizure free 6 mos to 1 yr on AED medication w/o side effects. 6 mos review.	NOT USED No definition.	Stable at least 1 mo with meds; no psychiatric hospitalization for 1 mo. 6 mos review.	Alcohol or drug use with no adverse consequences within past 1 mo. 3 mos review.	Limited joint motion, deformity of limb or spine; amputation with or w/o prosthetic device, variable weakness, pain. 1 yr review. Skills test on initial assessment.	Moderate problems related to time & circumstances ESS 13-15. 6 mos review. S.A.D.*
	6	Stable on insulin for 3 mos but < than 6 mos. 6 mos review.	AHA Class III; unstable rhythm. 6 mos review. S.A.D.*	Severe dyspnea; cough syncope within 3 mos. If O2 is required to maintain > 90% sats, constant oxygen is required while driving 6 mos review. S.A.D.*	NOT USED No definition.	Seizure free 3 mos to 6 mos on AED. Level not applicable for CDL. 6 mos review.	Moderate impairment, or variable competence or control. 1 yr review. Skills test on initial assessment. S.A.D.*	Minimal dyskinesia, or meds which minimally interfere with coordination. 6 mos review.	Intermittent impairment of function, not while driving or working. 3 mos review. S.A.D.*	NOT USED No definition.	NOT USED No definition.
	7	Special circumstances or under evaluation. 6 mos review.		Special circumstances. As recommended.	Special circumstances 6 mos review.	NOT USED No definition.	Special circumstances. 6 mos review.		Special circumstances. 3 mos review.	Special circumstances. 1 yr review.	Severe inattentiveness. 6 mos 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 O2 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 last 3 mos. 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 making driving unsafe. Not fully compensated for by restorative devices. No driving.	Severe inattentiveness or hypersomnia. Therapy not tried or unsuccessful. No driving.

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

** Unless review is requested by Healthcare provider.

- Interval for review may be made longer at physician discretion.