



IID Removal Petition Physician Statement

Utah Driver License Division
P.O. Box 144501
SLC, UT 84114-4501
Phone: 801-963-7325 Fax: 801-957-8698
Email:dlmedical@utah.gov

Driver Last Name First Name Middle Date of Birth Driver License Number

The following portion of this form is to be completed by a physician. Fraudulent submission may 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 and the drivers ability to use an ignition interlock device.

A full listing of current medical guidelines can be found on our website at https://dld.utah.gov/healthcare-providers/

A completed Functional Ability Medical Report must accompany this form, identifying each medical category which may affect the driver, and a reproducible spirometry, including graphs, conducted within the last 90 days.

List the diagnoses that prevent the driver from providing a deep lung air sample to an Ignition Interlock Device.

Two horizontal lines for listing diagnoses.

How long has the driver had this condition(s)?

Describe the current treatment plan of the condition(s) affecting the driver.

Three horizontal lines for describing the treatment plan.

Is the driver's condition(s) expected to change in the next six months? (circle one) Yes No

How do you anticipate the condition(s) will change?

Two horizontal lines for anticipating condition changes.

Describe the test(s) conducted demonstrating the medical condition(s) that prevent the driver from providing a deep lung air sample.

Four horizontal lines for describing tests conducted.

Exam Date Printed name of physician Signature and degree State license number

Form Signed date Street Address City State Zip code Telephone

