

FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

UTAH DRIVER LICENSE DIVISION
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TOP PORTION MUST BE COMPLETED AND SIGNED BY APPLICANT

Last Name First Name Middle or Maiden Name Date of Birth Driver License or DPC #

APPLICANT'S SIGNATURE: _____



Date: _____

BOTTOM PORTION TO BE COMPLETED AND SIGNED BY HEALTH CARE PROFESSIONAL

The following **safety assessment level** is for use in determining driving privileges. It is consistent with the current edition of **Functional Ability in Driving: Guidelines and Standards for Health Care Professionals**. Please indicate level below with a check mark and your initials.

Safety Assessment Level	A Diabetes & Metabolic Conditions On Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	B Cardio-vascular <input type="checkbox"/> HTN only	C Pulmonary <input type="checkbox"/> Oxygen w/Driving <input type="checkbox"/> Inhaler only	D Neurologic	E Seizures & Episodic Conditions <input type="checkbox"/> Date of last seizure	F Learning Memory Condition	G Mental Health	H Alcohol & Other Drugs	J Musculo-skeletal or Chronic Debility	K Alertness or Sleep Disorders
	1									
2										
3										
4										
5						N/A				
6				N/A					N/A	N/A
7					N/A					
8	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving	No Driving

Recommended review time frame:

- Standard review time frame 6 month review 1 year review
- Upon renewal of license No further review Other: _____
- There are special considerations I would like to discuss

Recommended restrictions/Driving skills test:

- Speed-posted 40 mph or less Oxygen while driving
- Area (requires driving skills test) Daylight only
- Skills test in an appropriate vehicle

Safety Assessment categories not marked are relevant and should be completed by another health care professional. Please list categories which are of concern: _____

Dr. Comments: _____

To view current medical guidelines, please visit: <https://dld.utah.gov/healthcare-providers/>

1. _____
 Date form is completed Printed Name of Health Care Professional and Degree Signature & initials State License Number
 (Must be submitted to Driver License within 6 months)

Street Address City State Zip Code Telephone Fax Number

2. _____
 Date form is completed Printed Name of Health Care Professional and Degree Signature & initials State License Number
 (Must be submitted to Driver License within 6 months)

Street Address City State Zip Code Telephone Fax Number

FOR USE AS AN OVERVIEW ONLY Revised 2018

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/>

	A	B	C	D	E	F	G	H	J	K	
	Diabetes & Metabolic Conditions	Cardio-vascular	Pulmonary	Neurologic	Seizures & Episodic Conditions	Learning Memory Condition	Mental Health	Alcohol & Other Drugs	Musculo-skeletal or Chronic Debility	Alertness or Sleep Disorders	
SAFETY ASSESSMENT LEVELS	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 years. No further review	No history or fully recovered 1 year or more. No further review	No history or problem for 2 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. Sporadic use of meds. No steroids. 1 yr. review	Minimal impairment, able to control equipment in conventional manner. 5 yr. review	Single seizure but none in past 5 years, and off meds for at least 4 years. 2 yr. review	Minimal difficulty with good social and personal adjustment. No interval for review	Stable at least 1 year with or w/o meds; no psychiatric hospitalization for at least 1 year. 1 yr. review	No adverse consequences within past year. 1 yr. review	Mild residual loss of function. 5 yr. review. 2 yr. review for CDL	Problems with good self-management ESS 7-9. 2 yr. review
	3	Stable with insulin stimulating meds for 1 year. No further review**	AHA Class I; rhythm normal or stable with pace-maker for 6 months; 1 yr. min symptoms w/ strenuous activity. 1 yr. review	Symptoms on activity, intermittent steroids FVC & FEV>65% to 70% of predicted normal. 1 yr. review	Moderate impairment of dexterity. 1 yr. review	Seizure free 1 year or more, on medication, followed by additional 1yr off meds remaining seizure free. 1 yr. review	Slight impairment w/ good socialization & emotional control. 5 yr. review	Stable at least 6 months with or w/o meds; no psychiatric hospitalization for at least 6 months. 1 yr. review	No adverse consequences within past 6 months. 6 m. 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 year. 1 yr. review	AHA Class II; rhythm, stable for 3 months. 1 yr. review	Stable with O ₂ or steroids; dyspnea on exertion, no cough syncope 6 months. 1 yr. review	Moderate impairment of dexterity or decreased stamina. 1 yr. review	Seizure free 1 year 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 months with meds; no psychiatric hospitalization for 3 months. 6 m. review	No adverse consequences within past 3 months. 3 m. 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 m. review. Daylight restriction
	5	Stable on insulin for 6 months but < than 1 yr. 1 yr. review	AHA Class III; anticipated aggravation by unlimited driving. 1 yr. review	PO2 over 50, symptoms w/ordinary activity, no cough syncope 3 months. 6 m. review	Moderate neurologic impairment expected to be temporary. 6 m. review. Skills test. S.A.D.*	Seizure free 6 months to 1 yr. on AED medication w/o side effects. 6 m. review	NOT USED No definition	Stable at least 1 month with meds; no psychiatric hospitalization for 1 month. 6 m. review	No adverse consequences within past 1 month. 3 m. 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 m. review. S.A.D.*
	6	Stable on insulin for 3 months but < than 6 months. 6 month review	AHA Class III; unstable rhythm. 6 m. review. S.A.D.*	Severe dyspnea; cough syncope within 3 months. 6 m. review. S.A.D.*	NOT USED No definition	Seizure free 3 months to 6 months on AED. Level Not applicable for CDL 6 m. 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 m. review	Intermittent impairment of function, not while driving or working. 3 m. review. S.A.D.*	NOT USED No definition	NOT USED No definition
	7	Special Circumstances or under evaluation				NOT USED No definition	Special Circumstances or under evaluation				
8	NO DRIVING: Driving skills test is not allowed for a safety assessment level 8 Severe, unstable, uncontrolled physical, mental or emotional impairments or conditions; with or without loss of consciousness or syncope; or severe current condition requiring hospitalization; chronic use of alcohol or drugs creating impairment or unsafe conditions; or incapacitating problems or issues that affect driving alertness, safety, coordination or ability.										

* 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