



# FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

**TOP PORTION MUST BE COMPLETED AND SIGNED BY APPLICANT**

UTAH DRIVER LICENSE DIVISION  
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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 <b>On Insulin</b> <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	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**  
(Acceptable if dated within the past six months from date of submission)

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**  
(Acceptable if dated within the past six months from date of submission)

Street Address                      City                      State                      Zip Code                      Telephone                      Fax Number

**FOR USE AS AN OVERVIEW ONLY Revised 2020**

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
1	No history. <b>No further review</b>	No past history or fully recovered. <b>No further review</b>	No disease or fully recovered. <b>No further review</b>	No history or fully recovered. <b>No further review</b>	No history. <b>No further review</b>	No history or fully recovered. <b>No further review</b>	No history or no symptoms for 2 years. <b>No further review</b>	No history or no problems within 2 years. <b>No further review</b>	No history or fully recovered 1 year or more. <b>No further review</b>	No history or problem for 2 years. ESS <6. <b>No further review</b>
2	Stable with diet and/or non-insulin stimulating meds. <b>No further review**</b>	All AHA Class I; isolated arrhythmia, no limits, no symptoms on ordinary activity. <b>No further review</b>	Minimal symptoms. Sporadic use of meds. No steroids. <b>1 yr. review</b>	Minimal impairment, able to control equipment in conventional manner. <b>5 yr. review</b>	Single seizure but none in past 5 years, and off meds for at least 4 years. <b>2 yr. review</b>	Minimal difficulty with good social and personal adjustment. <b>No interval for review</b>	Stable at least 1 year with or w/o meds; no psychiatric hospitalization for at least 1 year. <b>1 yr. review</b>	No adverse consequences within past year. <b>1 yr. review</b>	Mild residual loss of function. <b>5 yr. review. 2 yr. review for CDL</b>	Problems with good self-management ESS 7-9. <b>2 yr. review</b>
3	Stable on meds that stimulate insulin production. <b>No further review**</b>	AHA Class I; rhythm normal or stable with pace-maker for 6 months; 1 yr. min symptoms w/ strenuous activity. <b>1 yr. review</b>	Symptoms on activity, intermittent steroids FVC & FEV>65% to 70% of predicted normal. <b>1 yr. review</b>	Moderate impairment of dexterity. <b>1 yr. review</b>	Seizure free 1 year or more, on medication, followed by additional 1yr off meds remaining seizure free. <b>1 yr. review</b>	Slight impairment w/ good socialization & emotional control. <b>5 yr. review</b>	Stable at least 6 months with or w/o meds; no psychiatric hospitalization for at least 6 months. <b>1 yr. review</b>	No adverse consequences within past 6 months. <b>6 m. review</b>	Moderate residual loss of function with or without compensatory device. <b>2 yr. review. Skills test on initial assessment</b>	Mild/moderate problems, good professional management ESS 10-12. <b>1 yr. review</b>
4	Stable on insulin for 1 year. <b>1 yr. review</b>	AHA Class II; rhythm, stable for 3 months. <b>1 yr. review</b>	Stable with O <sub>2</sub> or steroids; dyspnea on exertion, no cough syncope 6 months. <b>1 yr. review</b>	Moderate impairment of dexterity or decreased stamina. <b>1 yr. review</b>	Seizure free 1 year or more on AED medication w/o side effects. <b>1 yr. review</b>	Moderate impairment w/good socialization & emotional control. <b>5 yr. review. 2 yr. review for CDL. Skills test on initial assessment</b>	Stable at least 3 months with meds; no psychiatric hospitalization for 3 months. <b>6 m. review</b>	No adverse consequences within past 3 months. <b>3 m. review</b>	Limited joint motion, deformity of limb or spine; amputation. <b>1 yr. review. Skills test on initial assessment</b>	Moderate problems related to time of day ESS 13-15. <b>6 m. review. Daylight restriction</b>
5	Stable on insulin for 6 months but < than 1 yr. <b>1 yr. review</b>	AHA Class III; anticipated aggravation by unlimited driving. <b>1 yr. review</b>	PO <sub>2</sub> over 50, symptoms w/ordinary activity, no cough syncope 3 months. <b>6 m. review</b>	Moderate neurologic impairment expected to be temporary. <b>6 m. review. Skills test. S.A.D.*</b>	Seizure free 6 months to 1 yr. on AED medication w/o side effects. <b>6 m. review</b>	<b>NOT USED No definition</b>	Stable at least 1 month with meds; no psychiatric hospitalization for 1 month. <b>6 m. review</b>	No adverse consequences within past 1 month. <b>3 m. review</b>	Limited joint motion, deformity of limb or spine; amputation with or w/o prosthetic device, variable weakness, pain. <b>1 yr. review. Skills test on initial assessment</b>	Moderate problems related to time & circumstances ESS 13-15. <b>6 m. review. S.A.D.*</b>
6	Stable on insulin for 3 months but < than 6 months. <b>6 month review</b>	AHA Class III; unstable rhythm. <b>6 m. review. S.A.D.*</b>	Severe dyspnea; cough syncope within 3 months. <b>6 m. review. S.A.D.*</b>	<b>NOT USED No definition</b>	Seizure free 3 months to 6 months on AED. Level Not applicable for CDL <b>6 m. review.</b>	Moderate impairment, or variable competence or control. <b>1 yr. review. Skills test on initial assessment. S.A.D.*</b>	Minimal dyskinesia, or meds which minimally interfere with coordination. <b>6 m. review</b>	Intermittent impairment of function, not while driving or working. <b>3 m. review. S.A.D.*</b>	<b>NOT USED No definition</b>	<b>NOT USED No definition</b>
7	Special Circumstances or under evaluation				<b>NOT USED No definition</b>	Special Circumstances or under evaluation				
8	<b>NO DRIVING: Driving skills test is not allowed for a safety assessment level 8</b> 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.									

SAFETY ASSESSMENT LEVELS

\* 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