



Functional Ability Evaluation Medical Report

Utah Driver License Division

P.O. Box 144501

SLC, UT 84114-4501

Phone: 801-957-8690 Fax: 801-957-8698 Email:dlmedical@utah.gov

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. 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

standard review time

six month review time

one year review time

upon renewal of license

no further review

Other _____

there are special considerations I would like to discuss

Health Care professional recommended restrictions

Speed- posted 40mph or less

Area (requires driving review)

Supplemental Oxygen while driving

Daylight driving only

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

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. 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 no problems within 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 on meds that stimulate insulin production. 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	PO ₂ 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									
8	Special Circumstances or under evaluation									

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