



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 healthcare 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-ten sion 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					MAB					
3					MAB					
4					MAB					
5						NA				
6				NA	NA		MAB		NA	NA
7					NA		MAB	MAB		
8	No driving	No driving	No driving	No driving	No driving	No driving	No driving	No driving	No driving	No driving

<p>Health care professional recommend review time frame</p> <p>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 _____</p>	<p>Health Care professional recommended restrictions</p> <p>Speed- posted 40mph or less Area (requires driving review) Supplemental Oxygen while driving Daylight driving only</p> <p>Health care professional recommended driver review: Would require driver to complete a physical assessment, written test and driving skills test.</p>
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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 _____

1. *required responses for submission in applicable scenarios. (Submission will not be accepted if older than 6 months or if required medical information is missing)

*Exam Date *Printed Name of Health Care Professional *Signature & degree State license number

*Form signed Date *Street Address City State Zip Code *Telephone

*Exam Date *Printed Name of Health Care Professional *Signature & degree State license number

CATEGORY A: DIABETES MELLITUS AND OTHER METABOLIC DISORDERS

COMMERCIAL

Safety Assessment Level	Diabetes Mellitus	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of diabetes mellitus or elevated blood sugar, or a history of elevated blood sugar, but no positive diagnosis of diabetes	No	N/A	Commercial unrestricted
2	Any diabetes stable with diet and/or non-insulin stimulating medication or has normal blood sugars because of a pancreas transplant	No	N/A	Commercial unrestricted
3	Diabetes stable on insulin stimulating medication and/or diet (no minimum time required)	No	N/A	Commercial unrestricted
4	Stabilized diabetes with insulin with no episodes of ketosis, or altered consciousness, for one (1) year. Federal form MCSA-S870 required to be completed and presented to the DOT ME at the time of DOT physical to qualify	Yes	1 year ^a	Commercial unrestricted
5	Stabilized diabetes with insulin with no episodes of ketosis, or altered consciousness for six (6) months, but less than one (1) year. Federal form MCSA-5870 required to be completed and presented to the DOT ME at the time of DOT physical to qualify	Yes	1 year ^a	Commercial unrestricted
6	Stabilized diabetes with insulin with no episodes of ketosis, or altered consciousness for three (3) months, but less than six (6) months. Federal form MCSA-5870 required to be completed and presented to the DOT ME at the time of DOT physical to qualify	Yes	6 months [•]	Commercial unrestricted
7	Special circumstances not listed above or under evaluation	Yes	6 months [•]	Special restrictions as recommended by health care professional
8	Severe unstable insulin using diabetes or persisting ketosis	Yes	N/A	No driving

a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

CATEGORY B: CARDIOVASCULAR CONDITIONS
COMMERCIAL

Safety Assessment Level	General Heart Disease	Rhythm	After Myocardial Infarct Surgery	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history. Past heart disease fully recovered	No history or transient arrhythmia in childhood	No history	No	N/A	Commercial unrestricted
2	Heart disease AHA class I, no limits no symptoms on ordinary activity	Transient isolated arrhythmia without recurrence in past five (5) years	Usually mild condition ^b	No	N/A	Commercial unrestricted
3	AHA class I, no undue symptoms on ordinary activity	Past arrhythmia, normal rhythm; stable with pacemaker for six (6) months	One (1) year minimum; symptoms only with strenuous activity ^a	Yes	1 year	Commercial unrestricted
4	AHA class II, slight limit on activity; comfortable on mild exertion ^a	Arrhythmias controlled or stable for three (3) months	Three (3) months minimum; no symptoms at rest ^a	Yes	1 year	Commercial unrestricted
5	Class III, limited activity with symptoms; anticipated aggravation by unlimited driving ^d	Unstable rhythm profile; supraventricular tachycardia which is hemodynamically unstable; recurring ventricular arrhythmias proven by Holter monitor; driving limitations & health care professional's recommendation should be based upon anticipated degree of instability of rhythm ^{cde}	Recovery time frame & restrictions TBD by health care professional & appropriate safety assessment level determined ^b	Yes	1 year	No commercial driving
6	Class III, limited activity with fluctuations in symptoms on exertion			Yes	6 months	No commercial driving
7	Special circumstances not covered above or patient under evaluation			Yes	6 months ^{ab}	Possible commercial driving, with health care professional recommendation
8	Heart disease. AHA class IV, limitations with any activity, symptoms at rest	Arrhythmias with history of loss of consciousness in past	Recovery not sufficient to drive	Yes	N/A	No driving

a Or as recommended by health care professional

b See narrative for consideration of mild or stable cases

c If medication does not interfere with alertness or coordination

d Or profile level 5, with long term stability

e Level 6, Type II second degree heart block or trivascular block

CATEGORY C: PULMONARY CONDITIONS
COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No current pulmonary disease or if past history, fully recovered; no current medication use	No	N/A	Commercial unrestricted
2	Minimal pulmonary symptoms; sporadic use of medication (no steroids), FVC & FEV ₁ > 70% of predicted normal; P _{O₂} within normal range	Yes	1 year	Commercial unrestricted
3	Pulmonary symptoms only with greater than ordinary activity; may be on steroids intermittently; FVC & FEV ₁ > 65% - 70% of predicted normal	Yes	1 year	Commercial unrestricted
4	Stable pulmonary disease on or off treatment, including intermittent supplemental oxygen (not while driving) or steroids, with dyspnea only on exertion; no cough syncope for six (6) months	Yes	1 year ^a	Commercial restricted
5	Moderate dyspnea or other symptoms with ordinary activity; no cough syncope within three (3) months; supplemental oxygen required while driving	Yes	6 months ^a	No commercial driving
6	Unpredictable more severe temporary dyspnea or other symptoms; cough syncope within three (3) months	Yes	6 months*	No commercial driving
7	Special circumstances not listed above or under evaluation	Yes	6 months*	Special restrictions as recommended by health care professional
8	Severe dyspnea with any activity and/or cyanosis and/or PCO ₂ > 50 or P _{O₂} < 50; cough syncope within the past three (3) months	Yes	N/A	No driving

^a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

CATEGORY D: NEUROLOGIC CONDITIONS
COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of strength, sensory or coordination impairment or history of impairment with full functional recovery	No	N/A	Commercial unrestricted
2	Minimal neurologic impairment, but able to control equipment in conventional manner	Yes	5 years	Commercial unrestricted
3	Moderate impairment of dexterity	Yes	1 year ^a	Commercial unrestricted
4	Moderate impairment of dexterity or decreased stamina	Yes	1 year ^a	Commercial restricted as recommended by health care professional. Pass driving skills test in a commercial vehicle on initial safety assessment level
5	Moderate neurologic impairment, expected to be temporary	Yes	6 months	No commercial driving during impairment
6	N/A	N/A	N/A	N/A
7	Special circumstances not listed above or under evaluation	Yes	6 months ^a	No commercial driving during impairment; special restrictions as recommended by health care professional. Pass driving skills test if recommended by health care professional
8	Strength, sensory, coordination, or cognitive impairment incompatible with any driving	Yes	N/A	No driving

^a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

CATEGORY E: SEIZURES AND OTHER EPISODIC CONDITIONS

COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of epileptic seizures. Single seizure but none in past five (5) years without medication	No	N/A	Commercial unrestricted
2	Seizure free one (1) year or more, off medication; as recommended by health care professional	Yes	2 years	Commercial restricted, as recommended by health care professional. Initial safety assessment level requires MAB review
3	Seizure free one (1) year or more, on medication, without side effects	Yes	1 year *	Commercial restricted. Initial safety assessment level requires MAB review
4	Seizure or episode free six (6) months but less than one (1) year, on medication, without side effects	Yes	1 year *	Commercial restricted. Initial safety assessment level requires MAB review
5	Seizure or episode free three (3) months but less than six (6) months, on medication, without side effects	Yes	6 months*	No commercial driving
6	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A
8	Date of most recent seizure is within the last three (3) months <i>AND/OR</i> Seizure or episodes not controlled, or medication effects interfering with alertness or coordination	Yes	N/A	No driving

a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

b Special circumstances - case by case basis. May require appeal to Medical Advisory Board

CATEGORY F: LEARNING, MEMORY, AND COMMUNICATION DISORDERS
COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of impairment of learning, memory, or communication; or past history of impairment of learning, memory, or communication, but fully recovered at least one year; normal intelligence	No	N/A	Commercial unrestricted
2	Residual minimal difficulties with complex intellectual functions or communications; good social and personal adjustment	No	N/A	Commercial unrestricted
3	Slight intellectual or communication impairment; good socialization and emotional control	Yes	5 years	Commercial unrestricted. Driving skills test may be required on health care professional's recommendation
4	Moderate intellectual or communication impairment, with good socialization and emotional control	Yes	2years•b	Commercial restricted Driving skills test required on initial safety assessment level
5	N/A	N/A	N/A	N/A
6	Moderate intellectual or communication impairment with variable emotional or social control or alteration of competence from use of medications, alcohol, or other drugs	Yes	1 year•	No commercial driving
7	Special circumstances involving impairment of learning, memory, judgment, or communication, or patient under evaluation	Yes	6 months•	Driving skills test on initial safety assessment level; special limitations as recommended by health care professional
8	Severe impairment of intellectual functions or communication, or lesser impairment, but with poor socialization and/or emotional control	Yes	N/A	No driving

a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

b Only initial medical confirmation needed for static conditions. Otherwise, intervals from 3 months up to renewal interval according to health care professional's judgment regarding probability of change.

CATEGORY G: MENTAL HEALTH

COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review ^a	License Class and Restrictions
1	No history of behavioral manifestations, no severe conditions requiring hospitalization; or asymptomatic for past two (2) years, without medication side effects	No	N/A	Commercial unrestricted
2	Stable at least one (1) year with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least one (1) year	Yes	1 year	Commercial unrestricted
3	Stable at least six (6) months with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least six (6) months	Yes	1 year	Commercial unrestricted
4	Stable at least three (3) months with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least three (3) months	Yes	6 months	Commercial restricted, with health care professional's recommendation
5	Stable at least one (1) month with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least one (1) month	Yes	6 months	Commercial restricted, with health care professional's recommendation
6	Minimal dyskinesia or medications which minimally interfere with alertness or coordination	Yes	6 months	Commercial restricted, MAB review
7	Special circumstances not covered above, or psychiatric or behavioral symptoms under evaluation	Yes	6 months	Commercial restricted, MAB review
8	Severe current condition, behavioral manifestations, hospitalization(s), or adverse medication side effects	Yes	N/A	No driving

a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

CATEGORY H: ALCOHOL AND OTHER DRUGS
COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within past two (2) years•b	No	N/A	Commercial unrestricted
2	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within the past year ^{ab}	Yes	1 year	Commercial unrestricted
3	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within the past six (6) months•b d	Yes	6 months	No commercial driving
4	Alcohol or drug use with no adverse personal or social consequences within the past three (3) months b	Yes	3 months•	No commercial driving
5	Alcohol or other drug use with no adverse personal or social consequences within the past one (1) month b'	Yes	3 months•	No commercial driving
6	Use of alcohol or drugs, with intermittent impairment of function, but not during driving or working hours	Yes	3 months•	No commercial driving
7	Special circumstances not covered above, or under evaluation	Yes	3 months	Special restrictions recommended by health care professional and approved by MAB Review
8	Chronic use of alcohol or other drugs with impairment of motor and/or intellectual functions	Yes	N/A	No driving

a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

b See narrative for examples of adverse consequences

c Drug abuse means any use of illicit drugs or inappropriate use of prescription or non-prescription drugs

d Random blood alcohol, random urine or hair drug analysis are not mandatory, but could be considered to document compliance with requirements

CATEGORY I: VISUAL DISORDERS

COMMERCIAL

These visual standards only apply when the applicant cannot obtain a federal medical examiner's certificate, "DOT Card".

Safety Assessment Level	Central Visual Acuity	Peripheral Visual Fields	Color Vision	Vision Statement Required	Interval for Review	License Class and Restrictions
1	20/40 or better in each eye AND →	Monocular-120° in each eye. Binocular- 70° to the right and to the left in the horizontal meridian	Normal	No	N/A	Commercial unrestricted
2	20/40 or better in each eye AND →	Monocular-120° in each eye. Binocular-60° to the right and to the left in the horizontal meridian	Normal	Yes	2 years	Commercial restricted
3	20/40 or better in each eye AND →	Binocular-120° total, 60° to both the right and left. Sighted in only one eye	Normal	Yes	2 years	Commercial restricted. Requires prior commercial vehicle experience documentation and MAB approval
4	20/40 or better in each eye AND →	Binocular VF-at least 90° total with at least 45° to both the right and left	N/A	Yes	N/A	No commercial driving
5	20/50 to 20/70 in better eye AND →	Binocular VF-at least 90° total with at least 45° to both the right and left	N/A	Yes	N/A	No commercial driving
6	20/80 to 20/100 in better eye AND →	Binocular VF-at least 60° total with at least 30° to the right and left	N/A	Yes	N/A	No commercial driving
7	Special circumstances not covered by any of the above with minimum acuity of at least 20/100 AND →	Binocular VF-at least 60° total, with at least 30° to the right and left	N/A	Yes	N/A	No commercial driving
8	20/40 or better in better eye AND →	Binocular VF-at least 60° total, with at least 30° to the left. (Includes right homonymous defects)	N/A	Yes	N/A	No commercial driving
9	20/40 or better in better eye AND →	Binocular VF-at least 60° total, with at least 30° to the right. (Includes left homonymous defects)	N/A	Yes	N/A	No commercial driving
10	Worse than 20/100 in the better eye AND →	Binocular VF-less than 60°	N/A	Yes	N/A	No commercial driving

CATEGORY J: MUSCULOSKELETAL ABNORMALITY OR CHRONIC DEBILITY

COMMERCIAL

Safety Assessment Level	Musculoskeletal Abnormality	General Debility or Impairment	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history, or full recovery for one (1) year or more	No history or full recovery for one (1) year or more	No	N/A	Commercial unrestricted
2	Mild residual loss of function with or without compensatory device	Mild residual loss of function	Yes	2 years	Commercial restricted with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions TBD by examiner
3	Moderate loss of function with or without compensating device	Moderate persisting loss of function	Yes	2 years	Commercial restricted with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions TBD by examiner
4	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc.*	Moderate residual loss of function	Yes	1 year ^b	Commercial restricted with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions TBD by examiner
5	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc., need for prosthetic or other device, or impairment making extended commercial driving unwise	General debility or impairment from cancer, aging, chronic infections such as HIV, malnutrition, chemotherapy, drugs, or other treatment, chronic pain syndromes, etc., making extended commercial driving unwise	Yes	1 year ^b	No commercial driving
6	N/A	N/A	N/A	N/A	N/A
7	Circumstances not covered by any of the above or patient under evaluation *		Yes	1 year ^b	No commercial driving during evaluation. Special restrictions as recommended by health care professional
8	Chronic conditions making driving unsafe. Not fully compensated for by restorative devices		Yes	N/A	No driving

a Safety Assessment level should be indicated by the health care professional according to their best information and should indicate on the form if a driving test is required

b Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years

CATEGORY K: ALERTNESS OR SLEEP DISORDERS

COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No past history or problem with alertness, excessive daytime sleepiness in the past two (2) years. ESS score under 6	No	N/A	Commercial unrestricted
2	Problems of alertness or excessive daytime sleepiness (ESS score from 7 to 9) with good response to self-management	Yes	2 years	Commercial unrestricted
3	Mild-to-moderate problems of alertness or excessive daytime sleepiness (ESS score less than 11) with good response to professional management	Yes	1 year ^a	Commercial unrestricted. Must meet federal guidelines for OSA
4	Moderate problems of alertness or excessive daytime sleepiness (ESS score from 13 to 15) symptoms related to time of day	Yes	6 months	No commercial driving
5	Moderate problems of alertness or hypersomnia (ESS score from 13 to 15)	Yes	6 months	No commercial driving
6	N/A	N/A	N/A	N/A
7	Under evaluation	Yes	6 months	As recommended by health care professional
8	Severe inattentiveness or hypersomnia (ESS score greater than 15). Therapy not tried or unsuccessful	Yes	N/A	No driving

^a Or as recommended by health care professional, longer or shorter interval according to stability, up to a maximum period of 5 years