



Brant's Driving School

"The Driver Rehabilitation Specialists"

www.brantsdrivingschool.com

Toll Free: (877) 395-7011

Fax: (814) 410-2311



**** MEDICAL APPROVAL FOR DRIVER EVALUATION ONLY ****

Client Name: _____ Phone # _____

Address: _____ D.O.B: _____

Diagnosis: _____ Date of Onset: _____

DOES THE CUSTOMER HAVE ANY OF THE FOLLOWING?

Seizure Disorder Yes No

Paralysis or Weakness Yes No

Cardiac Precautions. . Yes No

Amputation(s) Yes No

Vision Problems Yes No

Diabetes Yes No

Hearing Deficits Yes No

High/Low Blood Pressure . . Yes No

Motor Disorder Yes No

Alcoholism Yes No

Please explain any **YES** responses: _____

MEDICATION(S) *Use back of form if necessary or attach additional pages

NAME	DOSE	HOW OFTEN	FOR WHAT CONDITION	SIDE EFFECTS
1.				
2.				

Brant's Driving School, Inc. has my medical approval to conduct a comprehensive driver evaluation on this customer:

Physician's Name

Physician's Signature

State Medical License Number

Address

Telephone

Fax

Today's Date