OHIO DEPARTMEDNT OF PUBLIC SAFETY

DRIVER TRAINING SCHOOL PERSONNEL PHYSICAL EXAMINATION

NAME			PHONE #	
ADDRESS	CITY		STATE	ZIP CODE
SOCIAL SECURITY #	DATE OF BIRTH		AGE	
SEX	HEIGHT	WEIGHT	HAIR	EYES

TO BE COMPLETED BY PHYSICIAN

The person named above is applying for a driver training school instructor license and is required by law to submit a physical examination upon request. Please complete this form in full and return it to the applicant. This form must be completed by a medical doctor, or doctor of osteopathic medicine.

HEALTH HISTORY

YES	NO		YES	NO	
☐	☐	Asthma	☐	☐	Any other nervous disorder
☐	☐	Psychiatric disorder	☐	☐	Tuberculosis
☐	☐	Extensive confinement by illness or injury	☐	☐	Seizures, fits, convulsions, fainting
☐	☐	Kidney	☐	☐	Suffering from any other disease
☐	☐	Head or spinal injuries	☐	☐	Muscular disease

IF ANSWER TO ANY OF THE ABOVE IS YES, PLEASE EXPLAIN

YES	NO	
☐	☐	Vision abnormalities or eye disease (not correctable by eyeglasses)
☐	☐	Cardiovascular disease (e.g., stroke, angina, heart failure)
☐	☐	Respiratory disease (e.g., emphysema, asthma)
☐	☐	Diabetes mellitus and / or other endocrine disorders
☐	☐	Impairment due to alcohol or drugs
☐	☐	Hypertension / Hypotension
☐	☐	Heart and / or circulatory system disorder
☐	☐	Hearing abnormality
☐	☐	Restricted use of any extremity
☐	☐	Speech defect that would prevent giving clear directions or commands
☐	☐	Physical, mental, emotional condition which would affect ability to instruct others in the operation of a motor vehicle
☐	☐	Any communicable disease
☐	☐	Presently on medication - state reason and possible side effects:

NOTE: Driver Training Instructors may be required to provide training in a one-on-one setting behind-the-wheel of a vehicle with a student. DT instructor must be capable of reacting quickly to student errors to prevent accidents during behind the wheel instruction, and that the instructor may be subjected to stressful situations both when instructing in a classroom and behind the wheel.

WOULD PRESENT MEDICATION AFFECT THE PERSON'S ABILITY TO INSTRUCT STUDENT?
COMMENTS

I, the undersigned physician, found nothing / something **(circle one)** during the examination of the applicant that would interfere with his/her duties as a driving instructor. I will / will not (**circle one)** approve him/her as physically fit to be a driver training instructor.

PHYSICIAN SIGNATURE **X**	PHYSICIAN NAME (PRINTED)		DATE
STREET ADDRESS	CITY	ZIP CODE	PHONE #