

Liberty Driver's Education Center, L.L.C.

www.libertysafedriving.com

(203) 630-1040

Medical Information

This health information must be returned before the student has his/her first driving hour.

Student Name: _____

1. Please check below any handicaps or limitations that the student may have:

- | | |
|---|---|
| <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Heart Condition/Murmur |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Learning Disability |

Or any other condition which we may need to know for car lessons please:

If you checked "YES" to any of the above, please explain:

2. Does the student take any medication regularly?

- YES NO

If yes what is medication? _____

3. Do you consider the student capable physically, mentally, & emotionally to drive a car?

- YES NO

4. Would you like a conference with the Driver Education Instructor?

- YES NO