# KANSAS STATE DEPARTMENT OF EDUCATION

## COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR

### PHYSICAL EXAMINATION AND HEALTH CERTIFICATE

Please return this completed form to Driver Education, LSOB, 900 SW Jackson St, Suite 106, Topeka, KS 66612

Name

Address

Phone # ( )

Soc. Sec. No. Date of Birth Age

<table>
<thead>
<tr>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Hair</th>
<th>Eyes</th>
</tr>
</thead>
</table>

## 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.

### Health History:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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- Asthma
- Psychiatric disorder
- Extensive confinement by illness or injury
- Kidney
- Head or spinal injuries

If answer to any of the above is yes, explain:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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- Vision abnormalities or eye disease (not correctable by eyeglasses)
- Cardiovascular disease (e.g., stroke, angina, heart failure, hypertension)
- Respiratory disease (e.g. emphysema, asthma)
- Diabetes mellitus and/or other endocrine disorders
- Impairment due to alcohol or drugs
- Blood pressure
- 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

Would present medication affect the person’s ability to instruct student?

Comments:

I, the undersigned physician, found nothing during the examination of the applicant that would interfere with his/her duties as a driving instructor. I will approve him/her as physically fit to be a driver training instructor.

X

PHYSICIAN’S SIGNATURE DATE

PHYSICIAN’S NAME – PRINTED

STREET ADDRESS CITY ZIP PHONE