Form No 0-416-100 (rev. 11.8.2019)

KANSAS STATE DEPARTMENT OF EDUCATION
COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR
PHYSICAL EXAMINATION AND HEALTH CERTIFICATE

Name

Address

Soc. Sec. No.      Date of Birth      Age

Sex

Height

Weight

Hair

Eyes

PHYSICIAN’S SIGNATURE   DATE   PHYSICIAN’S NAME – PRINTED

STREET ADDRESS   CITY   ZIP   PHONE

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:

- 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, explain:

- 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.

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