

# The United States Liability Insurance Group

United States Liability Insurance Company  
Mount Vernon Fire insurance Company  
U.S. Underwriters Insurance Company

## PHYSICIAN'S OPINION STATEMENT - DRIVER FITNESS

On \_\_\_\_\_ I examined \_\_\_\_\_ date of birth \_\_\_\_\_  
(DATE)

to determine his or her mental and physical fitness to operate a motor vehicle. My findings are as follows:

### 1. General Health

Is there any nervous, organic, or functional disease which has advanced, or is likely to advance during the next 12 months, to a degree that will interfere with safe driving?  Yes  No

### 2. Mental Condition

Has a loss of alertness or mental activity adversely affected the applicant's ability to handle emergencies frequently encountered in driving?  Yes  No

### 3. Physical Condition

Has the applicant lost any of the following members?

Finger  Hand  Arm  Leg  Yes  No

Is there any partial or total loss of use of any of the above members that impairs safe driving ability?  Yes  No

Is there any other bodily defect or limitation that is likely to hinder safe driving?  Yes  No

### 4. Hearing

Does the applicant need a hearing aid to hear ordinary conversation  Yes  No

### 5. Vision

Has the applicant lost the use of either eye?  Yes  No

Is there any opacity of the crystalline lense of either or both eyes?  Yes  No

Does the applicant have trouble distinguishing red and green colors?  Yes  No

Visual Acuity With Corrective Lenses

Both Eyes if same: 20/ \_\_\_\_\_ Left Eye: 20/ \_\_\_\_\_ Right Eye: 20/ \_\_\_\_\_

Do the above visual acuity ratings suggest an inability to safely operate a motor vehicle?  Yes  No

6. Please explain any "Yes" answers above: \_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician

Address: \_\_\_\_\_