QSR
Quaker Special Risk

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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: _____

_____

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