

Health Form for Segment I

STUDENTS FULL NAME:

Last

First

Middle

ADDRESS _____ CITY/ZIP _____

HOME PHONE: _____ CELL: _____

BIRTHDATE: _____ (mm/dd/yy)

Parent/Guardian: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

1. Does the student require any special accommodations to participate in the classroom phase (i.e. test being read to him/her, an interpreter, seating arrangements etc)? Yes _____

No _____

If yes, please explain: _____

2. Does the student require any special accommodations to participate in the behind the wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes _____ No _____

If yes, please explain: _____

3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes _____ No _____

If yes, please describe: _____

4. Are there any medical conditions that would pose a concern with the students behind the wheel instruction (i.e. epilepsy, asthma, color blindness, hearing loss)? Yes _____ No _____

If yes, please explain: _____

5. Is the student's visual acuity at least 20/40 corrected? Yes _____ No _____

6. In the last six months, has the student had a fainting spell, blackout, seizure or other uncontrolled loss of consciousness? Yes: _____ No: _____

7. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes: _____ No: _____

If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent/guardian must provide a letter signed by the students physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL. 257-309

Certification: I certify that the information on this form is True and Accurate to the best of my knowledge.

Parent Signature

Date: _____ (MM/DD/YY)