



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SCHOOL SECTION
1800 W. HAWTHORNE LN.
WEST CHICAGO, IL 60185
630-520-9310
ILSOS.GOV

Driving Instructor Physical Form

Instructor/Applicant Name: _____

Describe any history of Epilepsy, Heart Disease or Fainting Spells: _____

Heart	Blood Pressure	Pulse Rate
Respiratory System	Reflexes	
Genito Urinary System	Urine	
Does Applicant have the normal use of both (answer "yes" or "no"; describe under remarks) Arms _____ Hands _____ Legs _____ Feet _____ Eyes _____		
Mental Alertness (observation)		
Hearing	Hearing Results	
Deaf _____ Poor _____ Fair _____ Good _____	Both _____ Right _____ Left _____	
Acuity Reading with Glasses	Acuity Reading without Glasses	
Both 20/ Right 20/ Left 20/	Both 20/ Right 20/ Left 20/	

Remarks: _____

Physician please note: Applicant must sign in the presence of the examining physician.

Applicant's Signature

I certify that I have correctly recorded the results of the examination, and that to the best of my judgement the applicant is _____ is not _____ physically qualified to train an individual in the operation of a motor vehicle. (State any exceptions)

Physician's Signature

M.D.

Place of Examination

Physician's Address

Date of Examination		
Month _____	Day _____	Year _____

When you have completed this form, mail to the Office of the Secretary of State, Commercial Driver Training School Section, 1800 W. Hawthorne Ln., West Chicago, IL 60185.