Kansas Department of Revenue
Driver's Education
300 SW 29th Street
Topeka KS 66611

Department of Revenue
Division of Vehicles

Phone: 785-296-4554
Fax: 877-401-6182
www.ksrevenue.gov

Mark A. Burghart, Secretary
Laura Kelly, Governor

Physical Examination and Health Certificate for a Driver Training School Instructor

Applicant Section

Name: _____Date: _____

Address: _____

Email Address: _____ Home/Cell Phone _____

Name of School in which employed: _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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 applicant.

Health History					
Yes ☐	No☐	Asthma	Yes ☐	No☐	Any other nervous disorder
Yes ☐	No☐	Psychiatric Disorder	Yes ☐	No☐	Extensive confinement
Yes ☐	No☐	Tuberculosis	Yes ☐	No☐	Seizures, fits, convulsions, fainting
Yes ☐	No☐	Kidney	Yes ☐	No☐	Suffering from any other disease
Yes ☐	No☐	Head or Spinal Injuries	Yes ☐	No☐	Muscular Disease

If yes to any of the above, please explain: _____

Yes ☐	No☐	Vision abnormalities or eye disease (not correctable by corrective lenses)
Yes ☐	No☐	Cardiovascular disease (e.g., stroke, angina, heart failure, hypertension)
Yes ☐	No☐	Respiratory disease (e.g., emphysema, asthma)
Yes ☐	No☐	Diabetes mellitus and/or other endocrine disorders
Yes ☐	No☐	Impairment due to alcohol or drugs
Yes ☐	No☐	Blood pressure
Yes ☐	No☐	Heart and/or circulatory system disorder
Yes ☐	No☐	Hearing abnormalities
Yes ☐	No☐	Restricted use of any extremity
Yes ☐	No☐	Speech defect that would prevent giving clear directions or commands
Yes ☐	No☐	Physical, mental, emotional condition which would affect ability to instruct others
Yes ☐	No☐	Any communicable disease
Yes ☐	No☐	Presently on medication? State reason and possible side effects: _____

Comments: _____

_____

Would present medication affect the person's ability to instruct students? Yes/No

I, the undersigned physician, found nothing during the examination of the applicant that would interfere with their duties as a driving instructor. I will approve them as physically fit to be a training instructor.

Signature: _____Printed Name: _____Date: _____