



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SECTION
650 ROPPOLO DR.
ELK GROVE VILLAGE, IL 60007
312-793-1010
www.cyberdriveillinois.com

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 Deaf _____ Poor _____ Fair _____ Good _____	Hearing Results Both _____ Right _____ Left _____	
Acuity Reading with Glasses Both 20/ _____ Right 20/ _____ Left 20/ _____	Acuity Reading without Glasses 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, 650 Roppolo Lane, Elk Grove Village, IL 60007.