

**THE
USLI
COMPANIES**

**United States Liability Insurance Company
Mount Vernon Fire Insurance Company
U.S. Underwriters Insurance Company**

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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