



John J. Barthelmes  
Commissioner of Safety

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
Division Of Motor Vehicles  
Driver Education Section**  
23 Hazen Drive, Concord, NH 03305  
603-227-4075  
TDD Access: Relay NH 1-800-735-2964



Richard C. Bailey, Jr  
Director of Motor Vehicles

**Driver Education Instructor Physical**

The purpose of this examination is to detect the presence of physical defects of such character and extent as to affect the applicant's ability to safely engage in the teaching of Driver education.

First Name	MI	Last Name	Date of Birth
Address		City	State
Height		Weight	

**Vision**

With Glasses	Without Glasses
R 20/ _____	R 20/ _____
L 20/ _____	L 20/ _____
Color Test: _____	
Evidence of disease / injury? _____	
Horizontal Field: _____	

**Hearing**

Right Ear: \_\_\_\_\_

Left Ear: \_\_\_\_\_

Evidence of disease / injury? \_\_\_\_\_

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**Audiometric Test**

Decimal loss at: 500Hz \_\_\_\_\_

1000Hz \_\_\_\_\_ 200Hz \_\_\_\_\_

**Reflexes**

Romberg \_\_\_\_\_ Pupillary \_\_\_\_\_

Light R \_\_\_\_\_ Light L \_\_\_\_\_

Accommodation: R \_\_\_\_\_ L \_\_\_\_\_

Knee Jerks: R \_\_\_\_\_ L \_\_\_\_\_

Comments: \_\_\_\_\_

Please indicate any illness, surgery or prescription medication that the applicant has had in the past five years, including the following conditions:

- |              |                        |   |
|--------------|------------------------|---|
| Diabetes     | Rheumatic fever        | Psychiatric disorder or any other nervous disorder                        |
| Tuberculosis | Gastrointestinal ulcer | Cardiovascular disease  |
| Gonorrhea    | Nervous stomach        | Seizures, fits, convulsion, fainting                                      |
| Asthma       | Muscular disease       | Permanent defect or extensive confinement from illness, disease or injury |
| Syphilis     | Kidney disease         | Head or spinal injuries   |

Explanation: \_\_\_\_\_

**Licensed Physician's Certificate**

I hereby certify that I am familiar with the present medical condition of the above named individual, who is an applicant for a New Hampshire Driver Education Instructor's Certificate. I further certify that said applicant is physically capable of instructing driver education. I understand that this certification and recommendation will be used in determining the applicant's eligibility to receive a Driver Education Instructor Certificate.

Name of Licensed Physician (print or type)	Title	( ) - Telephone Number
License of Certificate Number	State in which licensed	Expiration Date
Address of Licensed Physician		
Signature of Licensed Physician	Date	