

Medical Report Form Illinois

Driver's Information

- Full Name:
- Illinois Driver's License Number:
- Date of Birth:
- Contact Number:

Medical Certification

- Physical Fitness for Driving:
- Conditions or Restrictions:

Vision Test

- Near Vision:
- Distant Vision:
- Horizontal Field of Vision:
- Ability to Distinguish Color:

Hearing Test

Declaration of Medical Conditions

Medication Disclosure

Physician's Certification

- Assessment of Fitness for Driving:
- Physician's Signature and Date:
- License Number and Contact Information: