



205 N. Goose Creek Blvd, Suite 113, Goose Creek SC 29445

843-824-2040

www.aLordAshley.com

SC DMV License # - A-140



Student Name:

STUDENT MEDICAL DISCLOSURE

In order to serve each student to our fullest capability, we ask you to provide the following information. **This information will remain confidential** and will only be used by the driving instructor assigned to teach the student during behind-the-wheel lessons.

STUDENT MEDICAL INFORMATION

1. Does the student wear glasses / contacts?
 2. Does the student have any impairment that would prevent him/her from receiving and applying verbal instruction/direction?
If yes, please explain:
 3. Are there any conditions (ADD / ADHD, Asperger's / ASD, Diabetes, etc.) that we should be aware of that could affect the student's driving capability?
 4. Does the student take any medications? If so, what kind?
 5. Has the student had an operator's license suspended, denied, revoked, or cancelled?
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Emergency Contact Name:

Phone:

I agree that the information provided above is accurate to the best of my knowledge.

Parent / Guardian Signature:

Printed Name:

Date: