



**Commons at Winthrop, LLC**  
**A-1 Driving School, LLC**  
725 Cherry Rd, Ste 136-35  
Rock Hill, SC 29732  
(704) 491-0371  
[www.a1drivingschoolsc.com](http://www.a1drivingschoolsc.com)

Class Date:

### **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 the behind the wheel lessons.

Name:

Nickname:

### **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 so please explain:
3. Are there any conditions that we should know about that could affect the student's driving capability physically?
4. Does the student take any medication? If so, what kind and what is it for? (please list all)
5. Please let us know if the student has ever been diagnosed with any of the following:

#### **Comments:**

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

Student's Signature:

Guardian's Signature:

Printed Name:  
Date:

Printed Name:  
Date: