



**Segment 1 Contract
Health Information**

417 Quincy St. Hancock, MI 49930 1-800-877-9558 ext. 804 Certificate #: P000020

Mailing Address: 215 Vivian St. Hancock, MI 49930

SEGMENT 1 – Health Screening Questionnaire

(Please Print)

STUDENT LEGAL NAME _____
(Last) (First) (Middle)

ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

BIRTH DATE _____ VERIFIED BY CERTIFICATE
Student must be 14 years 8 months by the first class date

PARENT/GUARDIAN'S NAME _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read , interpreter, seating arrangements, etc.)? Yes___ No___

If yes please explain: _____

2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e., adaptive devices, an interpreter, etc.)? Yes___ No___

If yes please explain: _____

3. Is the student taking any medication that may affect their ability to drive a motor vehicle safely? Yes___ No___ If Yes please explain: _____

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss, etc.)? Yes___ No___ Explain: _____

5. Is the student's visual acuity at least 20/40 corrected? Yes___ No___

6. In the last 6 months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes___ No___

7. In the last 6 months, has the student had a physical or mental condition which affected the ability to drive a motor vehicle safely? Yes___ No___

If the answer to question 5 is no, or either of question 6 or 7 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.
