

4. Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? Yes _____ No _____
If yes, name of condition/medication: _____
If yes, please choose one option: Medical only _____ Vision only _____ Both _____
5. Have you suffered a seizure in the past 6 months? Yes _____ No _____
If yes, please describe: _____
6. Are you currently a habitual user of alcohol or drugs? Yes _____ No _____
7. Do you have a current license of any kind? (Includes Instructional Permit) Yes _____ No _____
If yes, # _____ Expiration date: _____
8. Has your license ever been suspended in Kansas or any other state? Yes _____ No _____
If yes, give reason and date: _____
9. Has your license ever been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol or pending any court review? Yes _____ No _____
10. Visual Acuity: Right eye: 20/ _____ Left eye: 20/ _____
(If student has valid permit from DMV, enter 20/40 for each eye.)
Do you need Vision Correction: Yes _____ No _____
11. Are you lawfully present in the United States? Yes _____ No _____

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? Yes _____ No _____

**Student Signature - No printing permitted
(Name as it appears on birth certificate)**

Date: _____

**Parent's Signature
(I have reviewed with my child)**

Date: _____