[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**PHYSICIANS STATEMENT OF DRIVER FITNESS**

Patient’s Name:       Age:

Number of examinations:       Length of time under my care:

**1.** Is the mental alertness adequate to cope with emergencies frequently encountered in driving? [ ]  Yes [ ]  No

|  |
| --- |
| If no, what is the nature and extent of the impairment?       |

**2.** Does this person have full use of all extremities? [ ]  Yes [ ]  No

|  |
| --- |
| If no, describe any type of special equipment required to be installed for this driver:       |

**3.** Vision:

**a.** Has he or she lost the use of either eye? [ ]  Yes [ ]  No

**b.** Can he or she distinguish red and green colors? [ ]  Yes [ ]  No

**c.** Visual acuity-both eyes-20/   Natural vision or corrective glasses?

**4.** Hearing:

**a.** Is there any major hearing defect? [ ]  Yes [ ]  No

**b.** Is hearing defect corrected with use of a hearing aid? [ ]  Yes [ ]  No

|  |
| --- |
| **5.** State your opinion of this person’s ability to operate a motor vehicle safely in ideal driving conditions and in abnormal or emergency situations:       |

I am a licensed physician in the State of       with       years of practice.

Date:       Physician’s Signature:

Physician’s address:

|  |
| --- |
| **FOR COMPLETION BY AGENT OR COMPANY**Policy No.:       Agency Name:       City:       State:       Zip:        |