**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

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

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

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| 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

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| **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:

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