*Drive*Ability @ Exeter Hospital
4 Alumni Drive
Exeter NH 03833
(603) 580-7927

Driver Education History Form

1. STUDENT INFORMATION

Name:_____ Date of Birth:_____

Address:_____

Telephone: _____

Date of class registering for _____

What High School do you attend? _____

Are you or your parents an employee of Exeter Health Resources? _____

2. PARENT/GUARDIAN INFORMATION (IF APPLICABLE):

Name:_____

Home Telephone:_____ Work Telephone:_____

Address:_____

Are you an employee of Exeter Health Resources? _____

3. EMERGENCY CONTACT(IF DIFFERENT FROM ABOVE):

Name:_____ Relationship:_____

Home Telephone:_____ Work Telephone:_____

4. MEDICAL HISTORY:

Please Describe Any Pertinent Medical History/Surgeries/Problems:

_____

_____

_____

Have you ever had a seizure? _____ If yes, when was the last occurrence?_____

Please list any current medications: _____

_____

_____

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Describe any medication side effects: _____
_____
_____

Describe any allergies: _____
_____
_____

5. DRIVING HISTORY:

Have you ever taken driver education before?_____If yes, when?_____

Where?_____

Why was completion not successful?_____

Have you ever practiced driving?_____ If yes, please describe the environments that you have driven in and approximately how many hours have you driven?

_____
_____
_____

Who will you be practicing driving with?_____

What type of vehicle will you be practicing in?_____

Is the vehicle a standard or an automatic?_____

Has your privilege to operate a motor vehicle been suspended or revoked?_____
_____

If Yes, why? _____
_____

I have completed the driver evaluation history form fully and to the best of my abilities. I have provided *Drive*Ability at Exeter Hospital with complete and accurate information. All the information provided is factual.

_____ _____
Student Date Parent or Legal Guardian Date