



Maxwell Motorsports & Driving School

20985 Highway 194, Somerville, TN 38068
(901) 755-6777
www.maxwelldriving.com

Medical Condition and Medication Disclosure & Acknowledgment Form

Purpose:

To ensure the safety of our students, instructors, and the public, we request disclosure of any medical conditions or medications that may impair a student's ability to operate a motor vehicle safely. This information is used solely for safety and instructional purposes and will be kept confidential in accordance with applicable laws.

Note on Privacy and Safety:

In accordance with the **Americans with Disabilities Act (ADA)**, students are not required to disclose medical conditions unless the condition or its treatment may impact the safe operation of a motor vehicle. However, under ADA guidelines, when safety is a legitimate concern—as in driver instruction—voluntary disclosure of relevant information is encouraged. This allows our instructors to provide appropriate support and ensure a safe learning environment for all.

Student Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Emergency Contact Name & Number: _____

Medical Conditions and Medications

Please answer the following truthfully:

1. Do you have any diagnosed medical conditions that may affect your ability to drive (e.g., ADHD, autism, epilepsy, anxiety, vision impairment, etc.)?

Yes No

If yes, please describe: _____



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2. Are you currently prescribed any medications that could impact your ability to drive safely (e.g., stimulants, sedatives, mood stabilizers, etc.)?

Yes No

If yes, name(s) and purpose of medication (optional):

3. Will you be taking any of these medications during or prior to your driving lessons?

Yes No

If no, please explain: _____

Student Acknowledgment

- I understand that under the ADA, I am not required to disclose medical information unless it could affect my ability to operate a motor vehicle safely.
- I acknowledge that Maxwell Motorsports and Driving School requests this information to support my learning and ensure safety for all involved.
- I confirm that the information provided is accurate to the best of my knowledge.
- I understand that failure to disclose relevant information could endanger myself, my instructor, and others.
- I agree to notify Maxwell Motorsports and Driving School if my medical condition or medication changes during the course of instruction.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

***Please note that while this form encourages voluntary disclosure for safety purposes, it is designed to comply with privacy laws and the ADA. Ensure that all collected information is handled confidentially and used solely for the purpose of ensuring safety during driving instruction.*