

Driving Advisement: Memo of Understanding

between _____ and _____
(examinee) (examiner)

The computerized driving advisement procedures (Functional Visual Fields and Elemental Driving Simulator) have been developed to help people find out if they have necessary cognitive skills for driving safely. Driving is a very serious matter, because, as many of us are painfully aware, grave injury can be caused by crashes. Not only do drivers risk their own safety, but also that of other drivers, passengers, pedestrians and cyclists as well. It is hoped that these services will give useful information to help would-be drivers to make informed decisions.

1. **Conclusions based on comparison with how safe drivers do.** What kinds of conclusions can be drawn from these procedures? First, we have tested safe drivers of varying ages on these procedures and will be able to compare how you do to how they did. If you fall within their range of scores, however, you are not guaranteed to be safe on the road. Or, if you fall outside the normal range, it may not mean that you would be unsafe. Hopefully, this information would give you something to consider in your decision making.

2. **Cognitive only.** These procedures are designed to address the cognitive skills that a content analysis of driving showed to be important. Other areas must also be checked, including: vision, motor function, and neurological status.

3. **Does not replace road test.** Whatever conclusions either of us draws based on how you do on these tasks should ordinarily be verified by a specialized in-vehicle, on-the-road test by a driving evaluator who has been fully informed of your background.

4. **Legal requirements are your responsibility.** It is up to you to see that you satisfy the requirements of the law, including having a valid driver's license or learner's permit and insurance. New York State law requires that you answer DMV's questions about disabilities when you renew your license.

5. **Report.** This evaluation is, therefore, strictly advisory. You will receive a summary and explanation of your performance, together with my conclusions and recommendations. I will send the report to a third party only with your written authorization. If an insurance company is paying for these services, your signature below permits me to send a copy of my report to the company.

Our signatures below signify that we have both read and acknowledge the above statement.

(examinee signature)

(examiner signature)

(date)

(date)

Address to which report should be sent: