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**McLEAN DRIVER REHABILITATION PROGRAM**  
**Consent for Driver Evaluation**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Issued: \_\_\_\_\_ Restrictions: \_\_\_\_\_

I, \_\_\_\_\_, agree to undergo a comprehensive driver evaluation by McLean Driver Rehabilitation Program for the purpose of determining my ability to drive a motor vehicle. This evaluation will consist of a clinical assessment, vehicle and equipment assessment and behind-the-wheel assessment. I consent and agree to participate in the procedures which constitute the program.

I understand that the evaluator will administer to me physical and verbal tests, as well as road reaction tests. I understand that the therapist may recommend that I:

1. Continue driving.
2. Continue on the road instruction with either a professional driving instructor or family member.
3. Pursue Occupational or Physical Therapy.
4. Continue training with the driver rehabilitation specialist.
5. Not to pursue driving or driver training at the present time. A re-evaluation may be considered at a later date.

I agree to pay the cost of the evaluation and subsequent training (if necessary), prior to receiving these services, in the form of cash or check only.

I understand and acknowledge that the purpose of the program is evaluation. Therefore, I hereby give my consent to and authorize the referring physician to disclose the results of the evaluation to the Connecticut Department of Motor Vehicles and/or other licensing and regulatory authorities. I understand and agree that once the evaluation has taken place, I may not withdraw consent to release information.

I accept and clearly understand that there are inherent and other risks involved in driving and freely accept and voluntarily assume all risks of any injury or property damage and covenant not to sue and release McLean, its employees and agents from any and all liability for personal injury or property damage of any type resulting from operation of a vehicle by me as a participant in a Driver Rehabilitation Program. I further agree to hold harmless and indemnify the company, its employees and agents from any and all liability for injury, medical or other expense or property damage to myself or others related in any way to my participation in the Driver Rehabilitation Program. I agree to look solely to McLean Fund itself, and not to the Trustees as individuals, for the enforcement of any rights, claims, demands or obligations accruing to such persons, and it is expressly acknowledged that none of the Trustees assumes any personal liability for any such rights, claims, demands or obligations.

I agree and release the McLean Driver Rehabilitation Program, my physician and the evaluator for any and all liability arising from the disclosure of information to the Connecticut Department of Motor Vehicle concerning my fitness to drive.

I validate that my driver's license is currently valid and has not been suspended for any reason.

I understand that my physician or driver evaluator at McLean's Driver Rehabilitation Program may terminate my involvement in the program at any time based on their professional judgment and in their sole discretion.

I am solely responsible for completing the recommendation generated from my evaluation and training at McLean's Driver Rehabilitation Program.

I understand that participation in the program does not guarantee successful retention of my driver's license.

I am participating in this evaluation voluntarily. I have carefully read this consent, fully understand its contents, and I sign it of my own free will.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Driving Rehabilitation Specialist: \_\_\_\_\_

Date: \_\_\_\_\_