



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-176
Rev. 08/2015
Page 1 of 1

BREATH ALCOHOL IGNITION INTERLOCK PHYSICIAN STATEMENT

INSTRUCTIONS

This form must accompany the submitted Ignition Interlock Application.

SECTION 1: DRIVER/PATIENT INFORMATION

PATIENT NAME (Last, First, Middle) (Print.)

MAILING ADDRESS	CITY	STATE	ZIP
RESIDENTIAL ADDRESS	CITY	STATE	ZIP

I hereby authorize and accept that:

- My physician shall conduct a medical examination to determine my ability to provide a breath sample
- My physician will respond to any additional questions from the Kentucky Transportation Cabinet and, if necessary, he/she will submit copies of my medical records to KYTC.
- I hereby authorize and request that my physician release information and records regarding my medical condition to KYTC, the District Court, and their employees. I consent to the use of this information for the administration of the Ignition Interlock program. I understand that failure to abide by the conditions set forth in this agreement shall prevent me from receiving the medical accommodation. This agreement shall remain valid for the period of Ignition Interlock usage.

DRIVER/PATIENT SIGNATURE	DATE
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A physician must complete this section of the form. This patient has indicated that he/she has a medical condition that precludes his or her ability to use an ignition interlock device as required by law. Please provide the following information so that this patient may be considered for a lowered air volume setting on this device.

SECTION 2: PHYSICIAN INFORMATION

PHYSICIAN NAME (Print.)	PHONE		
OFFICIAL MAILING ADDRESS	CITY	STATE	ZIP

CURRENT DIAGNOSIS

Indicate which pulmonary function test was performed on this patient: (Choose one.)

☐ Peak Flow Meter	☐ Spirometer	☐ Full Pulmonary Test
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Date of last pulmonary function test: _____ (Attach a copy of the test results.)

Based on your medical examination, and results of the pulmonary function test, should the patient be capable of blowing into an ignition interlock device if the air volume setting is at **1.2 liters** per breath? ☐ Yes ☐ No

Based on your medical examination and results of the pulmonary function test, should the patient be capable of blowing into an ignition interlock device if the air volume setting is at **1.0 liters** per breath? ☐ Yes ☐ No

COMMENTS

PHYSICIAN'S SIGNATURE	DATE
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