KENTUCKY TRANSPORTATION CABINET
Department of Motor Vehicle Licensing
DIVISION OF DRIVER LICENSING

TC 94-176
Rev. 07/2020
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BREATH ALCOHOL IGNITION INTERLOCK PHYSICIAN STATEMEMT

INSTRUCTION: This form must accompany the submitted TC 94-175 form, *Kentucky Ignition Interlock Program Application.*

SECTION 1: DRIVER/PATIENT INFORMATION

LAST NAME	FIRST NAME	MI	EMAIL	PHONE

STREET ADDRESS	CITY		STATE	ZIP

MAILING ADDRESS (*if different from street address*)	CITY		STATE	ZIP

SECTION 2: DRIVER/PATIENT AUTHORIZATION

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, my physician will submit copies of my medical records to KYTC

I hereby authorize and request 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

PHYSICIAN USE ONLY

A physician must complete this section of the form. This patient has indicated that he or 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 this patient may be considered for a lowered air volume setting on this device.

SECTION 3: PHYSICIAN INFORMATION

NAME	TITLE	PHONE

OFFICIAL MAILING ADDRESS	CITY	STATE	ZIP

CURRENT DIAGNOSIS OF PATIENT LISTED IN SECTION 1

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

☐ Peak Flow Meter ☐ Spirometer ☐ Full Pulmonary Test

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 SIGNATURE	PHYSICIAN INDEX #	DATE