



## Medical Waiver Form - 2

<b>Client Name:</b>		<b>Date:</b>	
<b>DL Number :</b>		<b>Service Center :</b>	

Client's that are Unable to Conduct a Test:	Yes	No
Did the client understand the procedure?		
Did the client comply with the training?		
Did the client give maximum effort?		
Did the client watch the Training Video?		
Did the client receive hands-on training?		
Did the client need additional training?		
Did the client attempt to take the test at least 5 times and not succeed?		
Was the air volume set at 1.5 liters during testing?		
Did the customer breathe into the device for five seconds?		
Did the customer attempt the "Straight Blow and "Straight Hum" testing technique?		

**Comments:**

**Technician:**