



EVALUATOR / DEPARTMENT

DRUG INFLUENCE EVALUATION

ARREST CASE NUMBER

DRE CASE NUMBER

ARRESTEE'S NAME (LAST, FIRST, MI)

DOB / /

AGE

SEX

ARRESTING OFFICER (NAME, BADGE #, DIV / DEPT.)

DATE EXAMINED / TIME / LOCATION
/ / at hours -

BREATH RESULTS: Refused
Results 0. Instrument #

CHEMICAL TEST Both Tests Refused
 Urine Blood Kit #:

MIRANDA WARNING GIVEN Yes No
Given by: Yes No

What have you eaten today? When?

What have you been drinking? How much? Time of last drink?

Time now? When did you last sleep? How long? Are you sick Yes or injured? Yes No
Are you diabetic Yes or epileptic? Yes No

Do you take insulin? Yes No Do you have any physical defects? Yes No Are you under the care of a doctor Yes dentist? Yes No

Are you taking any medications Yes No or drugs? Yes No ATTITUDE

SPEECH

BREATH

COORDINATION

FACE CORRECTIVE LENS: None Glasses Contacts, if so Hard Soft EYES: Normal Red/Bloodshot Watery TRACKING: Equal Unequal

PUPIL SIZE: Equal Initial Estimated Size: mm Unequal (explain) BLINDNESS: None L. Eye R. Eye Able to follow stimulus: Yes No Eyelids: Normal Droopy

PULSE & TIME	HGN	Left Eye	Right Eye	Vertical Nystagmus?	ONE LEG STAND
1. ____ / ____ hrs.	Lack of Smooth Pursuit			<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>L R</p> <p><input type="checkbox"/> Sways while balancing. <input type="checkbox"/></p> <p><input type="checkbox"/> Uses arms to balance. <input type="checkbox"/></p> <p><input type="checkbox"/> Hopping. <input type="checkbox"/></p> <p><input type="checkbox"/> Puts foot down. <input type="checkbox"/></p>
2. ____ / ____ hrs.	Maximum Deviation			Convergence Right Eye Left Eye	
3. ____ / ____ hrs.	Angle of Onset	o	o		

ROMBERG BALANCE TEST	WALK AND TURN TEST																		
	<p>Cannot keep balance _____</p> <p>Starts too soon _____</p> <table border="1"> <tr> <td></td> <td>1st Nine</td> <td>2nd Nine</td> </tr> <tr> <td>Stops Walking</td> <td></td> <td></td> </tr> <tr> <td>Misses Heel-To-Toe</td> <td></td> <td></td> </tr> <tr> <td>Steps off Line</td> <td></td> <td></td> </tr> <tr> <td>Raises Arms</td> <td></td> <td></td> </tr> <tr> <td>Actual Steps Taken</td> <td></td> <td></td> </tr> </table>		1 st Nine	2 nd Nine	Stops Walking			Misses Heel-To-Toe			Steps off Line			Raises Arms			Actual Steps Taken		
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INTERNAL CLOCK: ____ Estimated as 30 sec. Describe Turn Cannot Do Test (explain) Type of Footwear

<p>● Right ▲ Left Draw lines to spots touched</p> <p>② ①</p> <p>④ ③</p> <p>⑤ ⑥</p>	<p>● Right ▲ Left Draw lines to spots touched</p> <p>② ①</p> <p>④ ③</p> <p>⑤ ⑥</p>	<p>● Right ▲ Left Draw lines to spots touched</p> <p>② ①</p> <p>④ ③</p> <p>⑤ ⑥</p>
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