DRUG INFLUENCE EVALUATION

Evaluator

DRE #

Rolling Log #

Case #

Recorder/Witness

Date Examined / Time / Location

Breath Results: Test Refused

Instrument #:

Chemical Test: Urine

Blood

Miranda Warning Given

What have you eaten today? When?

What have you been drinking? How much?

Time of last drink?

Date of Birth

Sex

Race

Are you diabetic or epileptic?

Yes

No

Are you under the care of a doctor or dentist?

Yes

No

Are you taking any medication or drugs?

Yes

No

Attitude:

Coordination:

Corrective Lenses: None

Glasses

Contacts, if so

Hard

Soft

Eyes:

Normal

Bloodshot

Watery

Blindness:

None

Left

Right

Tracking:

Equal

Unequal

Pupil Size: Equal

Unequal (explain)

Room Light (2.5 – 5.0)

Darkness (5.0 – 8.5)

Direct (2.0 – 4.5)

Nasal area:

Oral cavity:

Rebound Dilation:

Yes

No

Reaction to Light:

Type of footwear:

PUPIL SIZE

Walk and Turn Test

Convergence

One Leg Stand

Finger to Nose

(Draw lines to spots touched)

PUPIL SIZE

Blood pressure

Temperature

Muscle tone:

Normal

Flaccid

Rigid

Comments:

What drugs or medications have you been using?

How much?

Time of use?

Where were the drugs used? (Location)

Date / Time of arrest:

Time DRE was notified:

Evaluation start time:

Evaluation completion time:

Precinct/Station:

Officer’s Signature:

DRE #

Reviewed/approved by / date:

Opinion of Evaluator:

No Impairment

Alcohol

CNS Stimulant

Dissociative Anesthetic

Inhalant

Medical

CNS Depressant

Hallucinogen

Narcotic Analgesic

Cannabis

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