



PHYSICIAN'S STATEMENT



To Our Driver License Customer:

You noted on your driver license application that you have had a medical condition, or are currently receiving treatment for such a condition.

We need more information from your doctor about this condition before we can consider your application for a driver license. Please have your doctor fill out the statement below. **IMPORTANT:** The information provided in the statement must be based on an examination of you that this doctor has done in the last six months.

After the doctor completes the statement, please bring the statement, your license application, the license fee, and a piece of the doctor's stationery (or a voided prescription blank from the doctor's office) to any Motor Vehicles office.

Please be assured that all medical information we receive from you and your doctor will be treated as strictly confidential and personal.

Thank you for your help.
Department of Motor Vehicles

Please print or type

Patient's Name	Date of Birth	Date of Examination
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Have you treated this patient? Yes No

If "Yes", please describe the condition you treated or are treating: _____

Is the patient receiving medication for this condition? Yes No

If "Yes", please specify the type and dosage: _____

In your opinion, would this patient's condition, or the medication he/she is taking, interfere with his/her ability to safely operate a motor vehicle?

Yes - permanently Yes - temporarily No

DOCTOR – please give your patient a piece of your stationery (showing your letterhead), or a voided prescription blank, as additional verification for this statement.

Physician's Signature	Specialty	License Number
Telephone Number ()	Address	State