

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Medical Referral Form

Our agency is committed to complying with the Americans with Disabilities Act (ADA), a federal law which makes it unlawful to discriminate against a qualified person with a disability. Medical reviews are initiated based on medical conditions or symptoms that could affect the safe operation of a motor vehicle and not the age of the driver.

Sections 322.126(2) and (3), Florida Statutes, provide, in part, that "Any physician, person, or agency having knowledge of any licensed driver's or applicant's mental or physical disability to drive . . . is authorized to report such knowledge to the Department of Highway Safety and Motor Vehicles The reports authorized by this section shall be confidential No civil or criminal action may be brought against any physician, person or agency who provides the information herein."

When reporting an individual whose driving ability is questionable due to some physical or mental deficit or disorder, please complete as much of the information listed below as possible:

Name:	Date of Bir	th:
Address:	City:	
Male Female	Zip Code: _	
Driver License Number:	State:	
Physical or Mental Deficit or Disor	der Noted:	
Seizures	Severe Cardiac Condition	Stroke
Loss of Consciousness	Uncontrollable Diabetes	Dementia/Memory Deficits
Psychiatric Disturbance	Drug/Alcohol Addiction	Severe Visual Deficit
Sleep Disorder	Other	
Please explain each area that was marked:		
Please indicate how you know this individual (friend, family member, patient, etc.):		



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Please provide your information (Note: The name and signature of the reporting person is required to investigate the report.) Name of Law Enforcement Agency or Health Care Provider (if applicable):______ Law Enforcement ID/Badge # or Medical License # (if applicable):_____ Name: _____ **Mail this Completed Form to:** Signature: **Bureau of Motorist Compliance Medical Review Program** Neil Kirkman Building, MS 86 Address: _____ Tallahassee, Florida 32399-0500 Telephone: Telephone No.: (850) 617-3814 Fax No.: (850) 617-3944 Date of Report: