New Mexico Taxation & Revenue Department, Motor Vehicle Division



MEDICAL REPORT



| Division Use Only | | | Please be advised that the decision to allow an applicant to continue to retain his Mexico driver's license is contingent upon the information provided in this medical is imperative, and in the best interest of the applicant and the motoring public, the questions be answered completely. This report may be reviewed by a physician of physicians, who may request additional medical information. This form will become the applicant's record, is for confidential use of the physician, panel or division, anot be divulged to any person or used as evidence in any trial. ALL INFORMATION MUST BE TYPED OR CLEARLY PRINCE. | | | | | | Medical Advisory Board Use Only | |
|---|--|--------------|---|-------------------|-------------------|----------------------------|------------|-----------------|------------------------------------|--|
| License type: Permit Provisional Regular Field office # | | | | | | | | | ☐ Approved☐ Denied | |
| Applicant Information | | | | | | | | | | |
| Арр | licant′ | s Name (Last | , First, Middle | Initial) | | | | Date of Birth | | |
| Mailing Address | | | | | | City, State ZIP Code | | | | |
| Telephone Number | | | | E-mail Address | | Social Security Number | | Driver's Licen | se Number | |
| | | | | | Physician | 's Report | | | | |
| 1. | DISEASE or CONDITION - Note : a) Provide details in #5 below for any box checked. | | | | | | | | | |
| | | Neurologic | al | | Cardiovascula | ar | D D | abetes | | |
| | | Psychologi | cal | | Dementia | | П Н | ypoglycemia | | |
| | | Epilepsy | | | Loss of Conso | ciousness | 0 | rthopedic/Prost | hetic | |
| | | Other: | | | | | | | | |
| 2. | Hov | v long have | long have you treated this patient? Frequency? | | | ? Date of last examination | | | | |
| Describe the nature, extent and frequency of any of the patient's symptoms, especially those that might affect the safe operation of a motor vehicle. | | | | | | | | | | |
| 4. | . Diagnoses (list): Treatment (medical/surgical/device): | | | | | | | | | |
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| 5. | List | the kind, q | uantity and f | requency of any m | nedication with w | hich the patient is being | treated | | | |

| 6. | Is the disease or condition controlled? \square Yes | No | | | | | | | | |
|---|--|-----------------------------|-------|-----------------------------------|--|--|--|--|--|--|
| 7. | applicable, give dates and results of last EKG, EEG, blood pressure, HGBAIC or any other relevant test (specify). | | | | | | | | | |
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| 8. | From a medical standpoint only, is the patient capable of safe | and competent driving? | | | | | | | | |
| | Yes No | | | | | | | | | |
| 9. | Recommended restrictions: | | | | | | | | | |
| | ☐ Daylight Only ☐ Corrective Le | enses | | Mechanical Aids | | | | | | |
| | ☐ Prosthetic Aids ☐ Oxygen | | | Automatic Transmission | | | | | | |
| 10. | Recommended renewal interval: | | | | | | | | | |
| | ☐ 1 year ☐ 4 years ☐ DENIAL — | do not issue driver's licer | nse | | | | | | | |
| Phys | ician's name (print clearly) | Office telepho | | te telephone number | | | | | | |
| | | | | | | | | | | |
| | | T | | | | | | | | |
| Offic | e Address | City, State ZIP Code | | | | | | | | |
| | | | | | | | | | | |
| Phys | ician's Signature | Date Signed | | License Number | | | | | | |
| | isian's dignatars | Date eigned | | 2.00.100 .141.120. | | | | | | |
| | | | | | | | | | | |
| | Medical Report Form - In | structions for Phy | sici | ans | | | | | | |
| | | | | | | | | | | |
| | ne Motor Vehicle Division's Medical Advisory Board may review | | nake | recommendations with respect to | | | | | | |
| | the patient's application for a new or renewal driver's license or permit. | | | | | | | | | |
| | the final decision to accept or deny an application is the respons | - | | | | | | | | |
| Physicians are asked to type or print all information carefully and legibly, to complete every section, and to follow these instructions when completing the Medical Report form: | | | | | | | | | | |
| - | Applicant Information: | | | | | | | | | |
| | Please start with the applicant's LAST NAME and print all infor | mation neatly. | | | | | | | | |
| | Complete all items, including Social Security Number (SSN). I license or permit. | The SSN is confidential ar | nd wi | II NOT be printed on the driver's | | | | | | |
| | Physician's Report: | | | | | | | | | |
| | #1 Check ALL diseases or conditions that apply. | | | | | | | | | |
| | #2 Indicate follow-up with the patient, including duration, frequency and most recent exam. | | | | | | | | | |
| | #4 List SIGNIFICANT DIAGNOSES ONLY, i.e. those that could affect the patient's ability to drive safely and competently. Do | | | | | | | | | |
| | NOT include diagnoses such as Thyroid, COPD, Cancer, etc. if they do not actually affect the applicant's ability to drive safely. Be sure to indicate treatment details, including dosage and level of control. Continue on another sheet of paper if necessary. | | | | | | | | | |
| | #8 Indicate (yes or no) whether, from a medical standpoint only, the patient is capable of safe and competent driving. | | | | | | | | | |
| | #9 Specify any driving restrictions that are appropriate based on the patient's disease or medical condition. | | | | | | | | | |
| | #10 Indicate recommended time period to next license renewal date based on the patient's disease or medical condition and the appropriate frequency of reevaluation. Check DENIAL only if, from a medical standpoint only, the patient is not capable of safe and competent driving. | | | | | | | | | |
| • | Physician's name, contact information, signature, date and license number: | | | | | | | | | |
| | Please complete ALL sections NEATLY. | | | | | | | | | |
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| | Return completed form to MVD Driver Services Bureau: | | | | | | | | | |
| | Please return the completed Medical Report to Attn: Drivers Services Bureau, Motor Vehicle Division, P.O. Box 1028, Santa Fe, NM 87504-1028. | | | | | | | | | |
| | Otherwise, the driver may take the Medical Report to a MVD field office for issuance of a permit or driver's license based on the physician's recommendations. | | | | | | | | | |