Patient   Physician

MVD–10124
REV. 06/13

New Mexico Taxation & Revenue Department, Motor Vehicle Division

MEDICAL REPORT

Division Use Only		Medical Advisory Board Use Only
License type: ❑ Permit ❑ Provisional ❑ Regular Field office #______	Please be advised that the decision to allow an applicant to continue to retain his/her New Mexico driver's license is contingent upon the information provided in this medical report. It is imperative, and in the best interest of the applicant and the motoring public, that all questions be answered completely. This report may be reviewed by a physician or panel of physicians, who may request additional medical information. This form will become part of the applicant's record, is for confidential use of the physician, panel or division, and may not be divulged to any person or used as evidence in any trial. **ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED**	❑ Approved ❑ Denied

Applicant Information

Applicant'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 License Number

Physician's Report

1. DISEASE or CONDITION - **Note**: a) Provide details in #5 below for **any** box checked.

❑ Neurological ❑ Cardiovascular ❑ Diabetes

❑ Psychological ❑ Dementia ❑ Hypoglycemia

❑ Epilepsy ❑ Loss of Consciousness ❑ Orthopedic/Prosthetic

❑ Other:

2. How long have you treated this patient? Frequency? Date of last examination

3. 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):

5. List the kind, quantity and frequency of any medication with which the patient is being treated.

SAMPLE

6.	Is the disease or condition controlled?	❑ Yes	❑ No

7. If applicable, give dates and results of last EKG, EEG, blood pressure, HGBAIC or any other relevant test (specify).

8. From a medical standpoint only, is the patient capable of safe and competent driving?

❑ Yes ❑ No

9. Recommended restrictions:

❑ Daylight Only	❑ Corrective Lenses	❑ Mechanical Aids
❑ Prosthetic Aids	❑ Oxygen	❑ Automatic Transmission

10. Recommended renewal interval:

❑ 1 year ❑ 4 years ❑ DENIAL – do not issue driver's license

Physician's name (print clearly)		Office telephone number
Office Address	City, State ZIP Code	
Physician's Signature	Date Signed	License Number

Medical Report Form - Instructions for Physicians

The Motor Vehicle Division's Medical Advisory Board may review the Medical Report and make recommendations with respect to the patient's application for a new or renewal driver's license or permit.

*The final d*ecision to accept or deny an application is the responsibility of the MVD.

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 information neatly.

  Complete all items, including Social Security Number (SSN). The SSN is confidential and will NOT be printed on the driver's license or permit.

- **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.

- **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.

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Telephone Number	E-mail Address	Social Security Number	Driver's License Number

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