



Last name, First name, and DOB		
8. From a medical standpoint only, is the patient capable of safe and competent driving? <input type="checkbox"/> Yes <input type="checkbox"/> No - DENIAL - do not issue driver's license		
9. Recommended restrictions for Driving: <input type="checkbox"/> Daylight Only <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Aids <input type="checkbox"/> Prosthetic Aids <input type="checkbox"/> Outside Mirrors <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> None		
10. Recommended renewal interval: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 8 years		
Physician's name (print clearly)		Office telephone number
Office Street Address		City, State ZIP Code
Physician's Signature	Date Signed	Physicians License Number

### Medical Report Form - Instructions for Physicians

*The final* decision 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 renewal period for the next issuance of driver's license based on the patient's disease, vision condition and reevaluation.

- **Physician's name, contact information, signature, date and license number:** Please complete ALL sections NEATLY.

- **There are several ways to Return completed form to MVD Driver Services Bureau: Please select one of the following:**

1. Mail the Vision Report document to:
  - a. Attn: Driver's Bureau Motor Vehicle Division  
PO Box 1028  
Santa Fe, NM 87504-1028
2. Upload the Vision Report document to: [MVDOnline.com](http://MVDOnline.com)>Eservices>Forms> Submit Medical Documentation or
3. Schedule an appointment at your nearest MVD office
  - a. State office appointments at [MVDOnline.com](http://MVDOnline.com)