STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

MEDICAL REPORTING FORM

Section 322.126 (2), (3), Florida Statutes, provides 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 required herein."

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

NAME: ___________________________ DATE OF BIRTH: ___________________________

ADDRESS: _________________________ CITY: ____________________________

□ Male □ Female ZIP CODE: ____________________________

DRIVER LICENSE NO.: ____________________________ STATE: ____________________________

PHYSICAL OR MENTAL HANDICAPS NOTED:

□ Seizures □ Severe Cardiac Condition □ Stroke

□ Loss of Consciousness □ Uncontrolled Diabetes □ Dementia/Memory Defects

□ Psychiatric Disturbance □ Drug/Alcohol Addiction □ Severe Visual Defect

□ Other:

Comments: ____________________________

Date ____________________________

When this form is completed, please mail directly to:

Division of Driver Licenses
ATTN: Medical Review Section
Neil Kirkman Building, MS 86
Tallahassee, Florida 32399-0500

FAX (850) 921-6147
Telephone (850) 617-3814

http://www.hsmv.state.fl.us/forms/72190.html