NEW MEXICO TAXATION & REVENUE DEPARTMENT, MOTOR VEHICLE DIVISION



MEDICAL REPORT



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 that all questions be answered completely. This form will become part of the applicant's record. It is for confidential use of the physician or division and may not be divulged to any person or used as evidence in any trial.

Recommend Testing □ N/A

Skills exam

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Applicant Information							
Α	pplicant's Name (Last, First, Middle	e Initial)			Date of Birth		
Mailing Address			City, State ZII	City, State ZIP Code			
			Section of	L. Ni l	NNA Directalization Number		
Area code + Telephone Number E-mail Address		E-mail Address	Social Securit	ty Number	NM Driver's License Number		
			District Description				
Physician's Report 1. DISEASE or CONDITION - Note: a) Provide details in #5 below for any box checked.							
				Dishara	D. Colour		
	Neurological	☐ Cardiovascular		Diabetes	☐ Seizure		
	Psychological	☐ Dementia		Hypoglycemia			
	Epilepsy	☐ Loss of Consciousness		Orthopedic/Prosthet	ic		
_	Other (please specify) :						
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.	5. List the kind, quantity and frequency of any medication with which the patient is being treated.						
6.	Is the disease or condition contro	olled? Yes □	No 🗆				
7.	If applicable, give dates and result	ts of last EKG, EEG, blood pressu	re, HGBAIC or any other releva	ant test (specify).			

Last name, First name, and DOB						
8. From a medical standpoint only, is the patient capable of safe and competent driving? — Yes — No - DENIAL - do not issue driver's license						
9. Recommended restrictions for Driving: □ Daylight Only □ Corrective Lenses □ Mechanical Aids						
□ Prosthetic Aids □ Outside Mirrors □ Automatic Transmission □ None						
LO. Recommended renewal interval: ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 8 years						
Physician's name (print clearly)	Office telephone number					
Office Street Address City, State ZIP Code	City, State ZIP Code					
Physician's Signature Date Signed	Physicians License Number					
Medical Report Form - Instructions for Physicians						
 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. 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. Indicate (yes or no) whether, from a medical standpoint only, the patient is capable of safe and competent driving. Specify any driving restrictions that are appropriate based on the patient's disease or medical condition. 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: Mail the Vision Report document to: Attn: Driver's Bureau Motor Vehicle Division						