



TO: Department of Motor Vehicles, Medical Review Division, 60 State Street, Wethersfield, CT 06161-2510

PATIENT'S NAME	DATE OF BIRTH	TELEPHONE NO.
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ADDRESS

PLEASE PROVIDE A BRIEF DIAGNOSIS, ETIOLOGY, AND PROGNOSIS. INCLUDE RESULTS OF EEGS, SCANS, AND/OR OTHER TEST RESULTS, AS NECESSARY (Use additional sheet of paper if necessary)

ABNORMALITIES ON NEUROLOGICAL EXAMINATION INCLUDING MENTAL STATUS

OF WHAT OTHER RELEVANT MEDICAL OR SURGICAL HISTORY ARE YOU AWARE? (Use additional sheet of paper if necessary)

**IF PATIENT HAS SEIZURES, PLEASE COMPLETE THE FOLLOWING:**

LAST EPISODE OF ALTERED CONSCIOUSNESS	MONTH	YEAR	TYPE
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M E D I C A T I O N S	TYPE/DOSE	1.		2.		3.	
		DATE	DRUG	LEVEL	DRUG	LEVEL	
	BLOOD LEVELS	DATE		DRUG		LEVEL	
		DATE	DRUG	LEVEL	DRUG	LEVEL	

DO YOU BELIEVE PATIENT UNDERSTANDS THE SIGNIFICANCE OF HIS/HER DISORDER?  YES  NO

DO YOU BELIEVE PATIENT IS COMPLIANT IN THE USE OF PRESCRIBED MEDICATIONS?  YES  NO

DOES THIS PATIENT REQUIRE PERIODIC RE-EXAMINATION?  YES  NO IF YES, SPECIFY CONDITION AND INDICATE HOW OFTEN HE/SHE SHOULD BE RE-EXAMINED?

**IMPORTANT: TO ACCURATELY EVALUATE WHETHER THE PATIENT IS ABLE TO OPERATE A MOTOR VEHICLE SAFELY, YOUR OPINION IS VALUABLE. \***

A. In my opinion, considering the person's medical condition, he/she appears medically able to operate a motor vehicle safely. If no, please elaborate.

YES  NO

B. In my opinion, considering the person's medical condition, he/she appears medically able to operate a motor vehicle safely only with certain restrictions. (If yes, what type of restriction(s)?)

YES  NO

C. In my opinion, considering the person's medical condition, a driving re-evaluation is necessary and should be conducted by the DMV to determine whether the person can operate a motor vehicle safely.

YES  NO

D. The following information is in my opinion, relevant or desirable in determining whether the person can operate a motor vehicle.

\* By Statute, your report and opinion are advisory only. Any decision regarding the person's driving privilege is the responsibility of the DMV. Section 14-46f of the general statutes provides that no civil action may be brought against any physician for providing reports, examinations, opinions, or recommendations involving licensure inquiries.

PHYSICIAN'S NAME (Please Print or Type)	OFFICE ADDRESS (Include Zip Code)
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TELEPHONE NO.	PHYSICIAN'S LICENSE NO.	PHYSICIAN'S SPECIALTY
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PHYSICIAN'S SIGNATURE <b>X</b>	DATE REPORT COMPLETED
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