



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

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 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 Number: _____ State: _____

Physical or Mental Disability Noted:

- Seizures Severe Cardiac Condition Stroke
- Loss of Consciousness Uncontrollable Diabetes Dementia/Memory Defects
- Psychiatric Disturbance Drug/Alcohol Addiction Severe Visual Defect
- Sleep Disorder Other

Please describe: _____

Please indicate how you know this individual (friend, family member, patient, etc): _____

Please provide your information:

Date of Report: _____

Name: _____

Signature _____

Address: _____

City: _____

Zip: _____

Telephone: _____

Name of Law Enforcement Agency or Health Care Provider (if applicable): _____

Law Enforcement **ID/Badge#** or **Medical License#** (if applicable): _____

Note: The name and signature of the reporting person is required to investigate the report.

Mail this completed form to:

Division of Motorist Services
Attn: Medical Review Section
Neil Kirkman building, MS 86
Tallahassee, Florida 32399-0500

Fax (850) 617-3944

Telephone (850) 617-3814