

Voluntary Physician Referral to the Maryland MVA

Note: This form is only to be used for a physician referral of a driver to the Maryland MVA.

Patient's Name: (last) _____ (first) _____ (MI) _____

License Number (if known) ____ - ____ - ____ - ____ - ____

Please check any of the medical condition(s) below for which you have a concern in relationship to your patient's driving and provide an explanation. Note: Currently, The Code of Maryland (COMAR) (11.17.03.02; .02-1) informs a licensee or applicant for a driver's license that he/she "shall notify the Administration if the licensee or applicant is diagnosed as having any of the following disorders."

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| <ul style="list-style-type: none"> 1. Diabetes that has caused a low blood sugar episode requiring assistance from another person in the last 6 months; _____ 2. Epilepsy; _____ 3. Seizure; _____ 4. A heart condition that has caused a loss of consciousness in the past 6 months; _____ 5. Stroke; _____ 6. A condition that causes you to have dizzy spells, fainting, or blackouts; _____ 7. Sleep apnea or narcolepsy; _____ 8. A history of traumatic brain injury (TBI); _____ 9. A condition that causes weakness, shaking, or numbness in the arms, hands, legs, or feet that may affect your ability to drive; _____ | <ul style="list-style-type: none"> 10. A hand, arm, foot, or leg that is absent, amputated, or has a loss of function that may affect your ability to drive; _____ 11. An eye problem which prevents a corrected minimum visual acuity of 20/70 in at least one eye or binocular field of vision of at least 110 degrees; _____ 12. Alcohol use problem; _____ 13. Drug use problem; _____ 14. A mental health condition that may affect your ability to drive; _____ 15. Schizophrenia; or _____ 16. Dementia; _____ |
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[Please Note: Maryland Vehicular Law §16-119 allows physicians to report individuals with 1) disorders characterized by lapses of consciousness; and 2) disorders that result in a corrected visual acuity that fails to comply with the vision requirements. Physician reports are 1) confidential; 2) may be disclosed only on court order; and 3) may be used only to determine the qualifications of an individual to drive. A civil or criminal action may not be brought against a physician who makes a report under this section and who does not violate any confidential or privileged relationship conferred by law. [Notes: Physician-patient privilege. – Apart from the psychologist and psychiatrist privilege in §9-109 of the Courts Article, there is no physician-patient privilege in Maryland. 71 Op. Att’y Gen. 407 (1986). Disclosure of records. – Prohibitions of §4-301 (b) of the Health – General Article do not prevent physicians from reporting under this section. 71 Op. Att’y Gen. 407 (1986)]

On the following page, please provide the requested information regarding your patient: Thank you.

Patient's Name: (last) _____ (first) _____ (MI) _____

Street Address _____

City, MD _____ Zip Code: _____

Date of Birth: Month _____ Day _____ Year _____

IMPORTANT: Is the level of concern about your patient's medical fitness to drive such that you would recommend IMMEDIATE SUSPENSION of their driving privilege until assessed by the MVA?

Yes _____ No _____

Do you think your patient's condition may improve and they will be a candidate to drive in the future?

Yes _____ No _____

If NO, please comment: _____

PHYSICIAN ATTESTATION:

1. How long has this patient been under your care? _____

2. Date of last visit (mm, day, year) _____ / _____ / _____

3. Your name _____
(Please print, type or use stamp)

4. License number _____ 5. Specialty _____

6. Address _____

7. Phone number _____ 8. FAX number _____

9. Physician Signature _____

10. Date of this report (mm, day, year) _____ / _____ / _____

This form may be Mailed to:

Maryland Motor Vehicle Administration
Driver Wellness and Safety Division
Attention: Nurse Case Review Manager
6601 Ritchie Highway, NE, Room 124
Glen Burnie, MD 21062

Fax to: 410-768-7627; (Phone 410-768-7511)

Email to: mvacs@mdot.state.md.us

Maryland MVA Driver Wellness and Safety Division, Attention: Nurse Case Review Manager

Per Maryland Vehicle Law §16-119, all medical information obtained will be kept CONFIDENTIAL and used to determine "the qualifications of an individual to drive." In some cases, "The Administration may use information in its records for the purpose of driver safety research, provided that personal information is not published or disclosed."



Apply to register to vote with your driver's license transaction. For details ask your customer agent.