Paths to the Maryland MVA Driver Wellness & Medical Advisory Board

- ALJ/court referral
- Request for Re-examination
- Self report on application & at time of renewal
- Report from a clinician
- Concerned citizen report (family, friend, etc.)
- Counter referrals – customer service agents

Materials Used to Assess Medical Fitness to Drive

- Physician's Report
- Health Questionnaire
- Driving Record

} all cases

- Functional Capacity Test (FCT)
- Driving Test
- Occupational Therapy Driving clinical &behind the wheel evaluation

} as needed

MVA 6601 Ritchie Highway, N.E. Glen Burnie, MD 21062 Motor Vehicle Administration	HEALTH QUESTIONNAIRE Driver Wellness & Safety Division	Questions? Please call 410-768-7511 TTY for the deaf 1-800-482-4575 Visit our website at: www.mva.maryland.gov

The Driver Wellness & Safety Division of the Maryland Motor Vehicle Administration has been asked to review your medical status as it relates to driving. A comprehensive medical history is needed for this assessment. Please complete this questionnaire carefully, as instructed below.

INSTRUCTIONS

1. Please print all information legibly.
2. Mark the appropriate YES or NO box in the following manner: ☑
3. Use the following format for questions requiring a date: MM / DD / YYYY. For example: 11/26/2000
4. Please answer each question to the best of your ability. Space has been provided on the form for you to write additional information or comments you believe would help us understand your medical condition.
5. All medical information will be kept confidential as in the traditional doctor/patient relationship.

SECTION A

DRIVER LICENSE IDENTIFICATION NUMBER			TODAY'S DATE June 14, 2011
LAST NAME	FIRST	MIDDLE	
DATE OF BIRTH	SEX: ☐ MALE ☐ FEMALE	HOW MANY YEARS HAVE YOU HAD A DRIVER'S LICENSE?	
REASONS FOR MEDICAL ADVISORY REVIEW:			

SECTION B

1. How would you rate your current overall health? (circle one)

Excellent Good Fair Poor

If poor, please comment:

2. Are you aware of any medical condition that you have that could affect your ability to drive safely?

Yes _____ No _____

If yes, please comment:

MVA Motor Vehicle Administration 6601 Ritchie Highway, N.E. Glen Burnie, Maryland 21062

DC-001A (02-10)

Alcohol & Drug Use Questionnaire – Driver Wellness & Safety Division

Name (last) _____ (first) _____ (MI) _____

Driver's License #: ____ - ____ ____ ____ - ____ ____ ____ - ____ ____ ____ - ____ ____ ____

MVA DRIVER WELLNESS AND SAFETY DIVISION ALCOHOL AND DRUG USE QUESTIONNAIRE

ALCOHOL:

Have you used alcohol in the past year? Yes _____ No _____

If yes, what was the date of your last drink? _____

If no, if you used alcohol in the past, when was your last drink? _____ N/A _____

If you have been an alcohol user in the past year, please answer the following:

How often do you have a drink containing alcohol?

Never _____
Monthly or less _____ 2-3 times per week _____
2-4 times per month _____ 4 or more times per week _____

How many drinks do you have on a typical day when you are drinking?

None _____ 3 or 4 _____
1 or 2 _____ 5 or 6 _____ 7-9 _____

How often do you have 6 or more drinks on one occasion? Never _____

Less than monthly _____ Weekly _____
Monthly _____ Daily or almost daily _____

How often during the past year have you found that you were not able to stop drinking once you had started?

Never _____ Monthly _____
Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you failed to do what was normally expected of you because of drinking?

Never _____ Monthly _____
Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never _____ Monthly _____
Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you had a feeling of guilt or remorse after drinking?

Never _____ Monthly _____
Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you been unable to remember what happened the night before because you had been drinking?

Never _____ Monthly _____
Less than monthly _____ Weekly _____ Daily or almost daily _____

Have you or someone else been injured as a result of your drinking?

Never _____ Yes, but not in the past year _____ Yes, during the past year _____

Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never _____ Yes, but not in the past year _____ Yes, during the past year _____

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

DC-119 (03-10)

Driver Wellness and Safety Division – Physician/Healthcare Provider Report

For office use only requested by _____ date requested _____

TO THE DRIVER/APPLICANT: Please completed Section 1 below.

If information is filled in by the MVA, please check to see if it is accurate and make corrections. Your physicians/healthcare provider completes the rest of this report. It should be returned to the MVA along with other forms that may have been sent with the cover letter that accompanied this form. Your physician/healthcare provider may choose to submit this report directly to the MVA. (Please note: Payment for any examination and preparation of this form is YOUR responsibility.)

Per Maryland Vehicle Law Transportation Article, §16-118, 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."

SECTION 1: GENERAL INFORMATION (To be completed by driver/applicant)

(Please Type or Print)

DRIVER/APPLICANT'S NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

DATE OF BIRTH: _____ (MONTH/DAY/YEAR) PHONE NUMBER(S): _____

DRIVER'S LICENSE NUMBER: _____

PHYSICIAN/HEALTHCARE PROVIDER COMPLETES SECTIONS #2 – #7

TO THE PHYSICIAN/HEALTHCARE PROVIDER:

Your patient has self-reported a medical condition that may impact her/his fitness to drive safely OR has been referred to the MVA because of a concern. There may be MVA notes below about this client and/or a request for specific information.

Please complete sections 2-7 of this form and give it to your patient for return to the MVA, OR, return the form by mail or fax to:

Maryland MVA; Division of Driver Wellness & Safety
6601 Ritchie Highway, NE – Room 124; Glen Burnie, MD 21062
Driver Wellness & Safety Fax Number 410-768-7827
Questions? Please call: 410-768-7511

MVA Notes to Physician/Healthcare Provider _____

For more information, please call: 1-800-950-1MVA (1682) (to speak with a customer service representative),
From Out-of-State: 1-301-729-4500, TTY for the hearing impaired: 1-800-492-4575. Visit our website at: www.MVA.Maryland.gov

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

DC-088 (08-10)

Consent for the Release of Confidential Information

PLEASE FURNISH COMPLETE NAMES AND ADDRESSES BELOW

DC-s _____

DRIVER WELLNESS & SAFETY DIVISION
MEDICAL REVIEW SECTION
(410) 768-7511

NOTICE DATE _____

SOUNDEX NUMBER _____

This Administration is in receipt of information which indicates that you may have a physical, mental, or chemical dependency problem which might affect your ability to safely operate a motor vehicle. We are requesting that you furnish to the Motor Vehicle Administration (MVA) the names of all doctors, hospitals, alcohol and drug clinics, and other programs where you have received treatment or have been monitored and that you execute this authorization for release of medical records and data pertaining to the same.

The purpose for this authorization is to enable the Motor Vehicle Administration to obtain relevant medical data pertaining to its evaluation of your ability to safely operate a motor vehicle. All medical data obtained under this authorization will be kept CONFIDENTIAL and will only be used for those purposes set out in Section 16-118 of the Transportation Article of the Annotated Code of Maryland.

This authorization is to be completed and returned by _____

RELEASE FOR MEDICAL INFORMATION

By execution of this authorization, _____ gives permission to

PRINTED NAME (Primary Care/Family Practice/Internist)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUMBER
PRINTED NAME (Other treatment facility or program)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUMBER
PRINTED NAME (Other treatment facility or program)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUMBER
PRINTED NAME (Other treatment facility or program)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUMBER

to release to the Motor Vehicle Administration all information relative to treatment for a physical, mental, or chemical dependency problem (attendance, treatment, participation, prognosis, rehabilitation).

This authorization will expire on _____.

This authorization may be withdrawn any time except to the extent that information has already been released in reliance thereon.

Signed: _____ Date: _____

Social Security Number: _____ Telephone Number: _____

If you are a minor, your parent or legal guardian must sign as a witness. Witness: _____

NOTE: The above named individual, not MVA, is responsible for any cost incurred as a result of requests made for medical information.

If you have any questions, please contact the Medical Review Section at the above-listed address.

PROHIBITION OF REDISCLOSURE: THE ADMINISTRATION IS PROHIBITED FROM MAKING ANY FURTHER DISCLOSURES OF INFORMATION FROM RECORDS WHICH CONFIDENTIALITY IS PROTECTED BY THE MARYLAND MOTOR VEHICLE LAW GOVERNING MEDICAL ADVISORY BOARD CASES AND BY FEDERAL LAW, EXCEPT WITH SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY FEDERAL REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

For more information, please call: 1-800-950-1MVA (1682) (to speak with a customer service representative),
From Out-of-State: 1-301-729-4500, TTY for the hearing impaired: 1-800-492-4575. Visit our website at: www.MVA.Maryland.gov

Medical Advisory Board Reviews

A Driver Wellness Administrative Nurse Case Reviewer prepares a case for review with a Medical Advisory Board Physician

- Physician Report
- HQ, Alcohol Drug Questionnaire
- Driving Record

The vast majority of cases are reviewed as “paper” cases by evaluating materials in client files stored in a confidential computer database.

Less than 5% of clients are brought in for interviews with a Medical Advisory Board physician

Possible Medical Advisory Board Recommendations

- Continue/resume driving
  w/o or with possible restrictions
  w/o or with periodic clinical reports and/or testing

- Continue refusal/emergency suspension

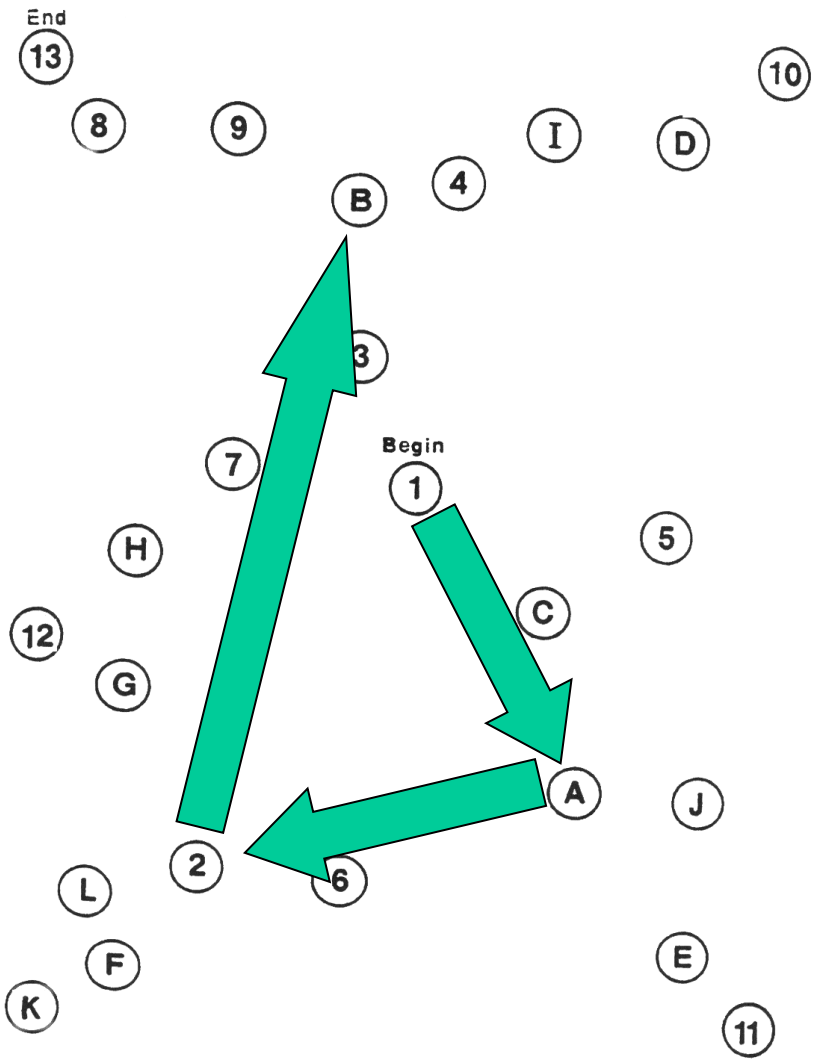
- Hold in abeyance until additional information is obtained
  examples:
  - Additional clinical reports
  - FCT testing
  - MVA course driving test/on-the-road driving test
  - An OT evaluation

CLOSE CASE

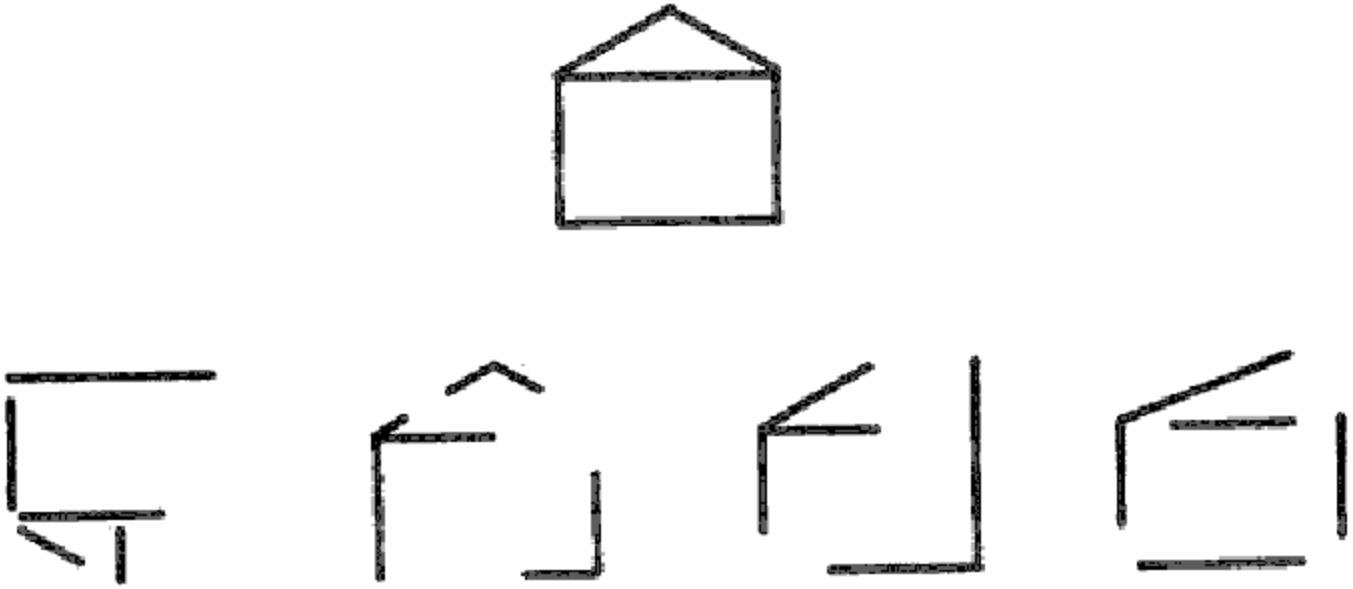
MVA Functional Capacity Test (FCT) Screening

- **Rapid walk - assesses lower limb mobility** **(>7.0 sec)**
- **Delayed recall – assesses memory** **(≥2 wrong)**
- **Motor Free Visual Perception Test (MVPT)**
  Assesses understanding of spatial relationships
  12 images presented **(>4 wrong)**
- **Trails B - Assesses visual search & sequencing, information processing speed, attention switching.** **(2 min 30 sec)**
- **Useful Field of View (UFOV®)**
  Assesses divided attention **(>350 millisec)**

TRAIL MAKING – PART B



Motor Free Visual Perception (MVPT)



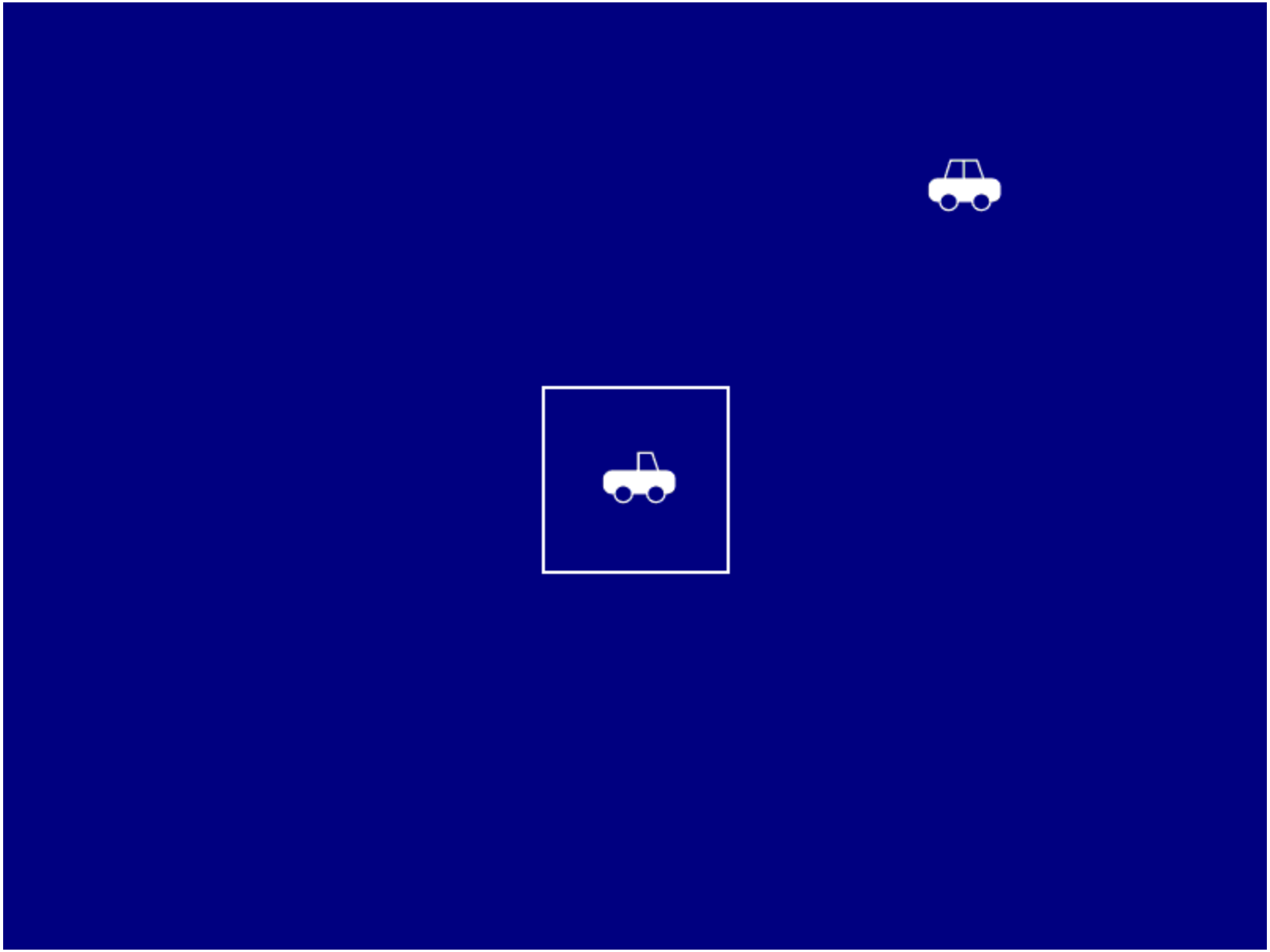
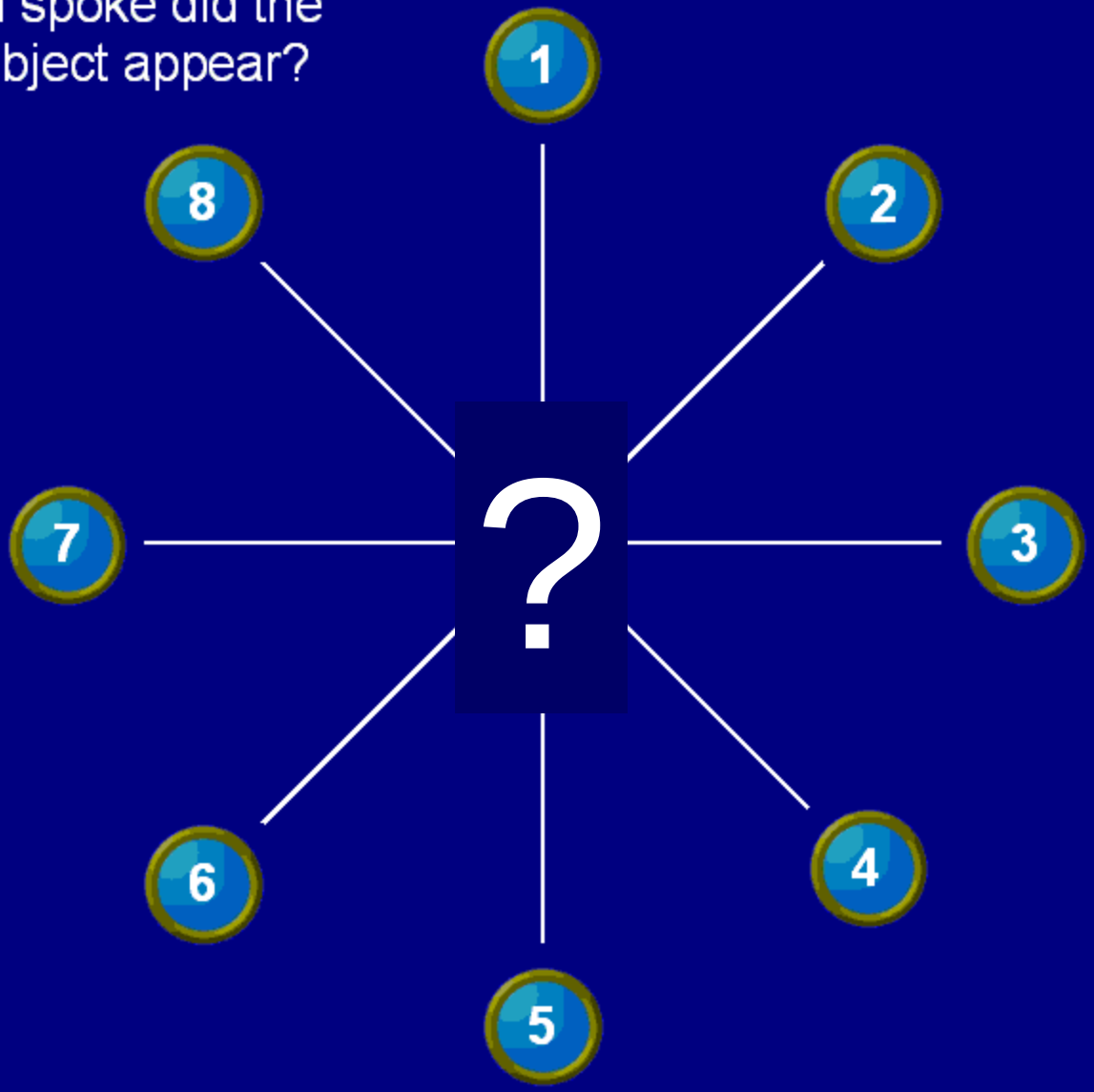
Useful Field of View (UFOV®)

Which object appeared in the center of the screen?

OR

Car

Truck



On which spoke did the outside object appear?