



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: \_\_\_\_\_

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