MVD-10124 Rev 8/23

MVD

NEW MEXICO TAXATION & REVENUE DEPARTMENT, MOTOR VEHICLE DIVISION



MEDICAL REPORT

	Арр	licant Information	
Applicant's Name (Last, First, Midd	le Initial)		Date of Birth
Mailing Address		City, State ZIP Code	
Area code + Telephone Number	E-mail Address	Social Security Number	NM Driver's License Number
		nysician's Report	
DISEASE or CONDITION - No	te: a) Provide details in #5 below for <u>ar</u>	ny box checked.	
Neurological	Cardiovascular	Diabetes	Seizure
Psychological	Dementia	Hypoglycemia	
Epilepsy	Loss of Consciousness	Orthopedic/Prostheter	etic
Other (please specify) : How long have you treated t	his patient? Frequenc	cγ? Da	ate of last examination
Describe the nature, extent	and frequency of any of the patient's s	symptoms, especially those that might affect	the safe operation of a motor vehicle.
Diagnoses (list):	Treatment (medical/surgical/device):		
List the kind quantity and free	uency of any medication with which th	e nationt ic being treated	
List the kind, quantity and heq	dency of any medication with which th	e patient is being treated.	

Last name, First name, and DOB					
 8. From a medical standpoint only, is the patient capable of safe and competent driving? Yes No - DENIAL - do not issue driver's license 					
9. Recommended restrictions for Driving:					
Daylight Only Corrective Lenses	Mechanical Aids				
	Automatic Transmission	None			
10. Recommended renewal interval:					
1 year 2 years 3 years 8 years	4 years				
Physician's name (print clearly)		Office telephone number			
Office Street Address	City, State ZIP Code				
Physician's Signature	Date Signed	Physicians License Number			
Medical Report Form - Instructions for Physicians					
The final decision to accept or deny an application is the responsibility of the MVD.					
Physicians are asked to type or print all information carefully and legibly to complete eveny section, and to follow these instructions when					

Physicians are asked to type or print all information carefully and legibly, to complete every section, and to follow these instructions when completing the Medical Report form:

Applicant Information:

Please start with the applicant's LAST NAME and print all information neatly.

Complete all items, including Social Security Number (SSN). The SSN is confidential and will NOT be printed on the driver's license or permit.

Physician's Report:

1.

- #1 Check ALL diseases or conditions that apply.
- #2 Indicate follow-up with the patient, including duration, frequency and most recent exam.
- #4 List SIGNIFICANT DIAGNOSES ONLY, i.e. those that could affect the patient's ability to drive safely and competently. Do NOT include diagnoses such as Thyroid, COPD, Cancer, etc. if they do not actually affect the applicant's ability to drive safely. Be sure to indicate treatment details, including dosage and level of control. Continue on another sheet of paper if necessary.
- #8 Indicate (yes or no) whether, from a medical standpoint only, the patient is capable of safe and competent driving.

#9 Specify any driving restrictions that are appropriate based on the patient's disease or medical condition.

#10 Indicate recommended renewal period for the next issuance of driver's license based on the patient's disease, vision condition and reevaluation.

• Physician's name, contact information, signature, date and license number: Please complete ALL sections NEATLY.

- There are several ways to Return completed form to MVD Driver Services Bureau: Please select one of the following:
 - Mail the Vision Report document to:
 - a. Attn: Driver's Bureau Motor Vehicle Division PO Box 1028
 - Santa Fe, NM 87504-1028
- 2. Upload the Vision Report document to: MVDOnline.com>Eservices>Forms> Submit Medical Documentation or
- 3. Schedule an appointment at your nearest MVD office
 - a. State office appointments at MVDOnline.com