

MEDICAL PROFESSIONAL EXAMINATION REPORT

Mail or Fax completed form to **MVD Support Services**.

Medical professionals
are immune from
personal liability for
supplying medical
information.

Medical Professional Name (printed)			
Medical License Number		Phone	
City		State	Zip

Upon submission of
this report ADOT -
MVD may use this
recommendation to
inform our actions.

Driver Name (first, middle, last, suffix)			Date of Birth
Street Address	City	State	Zip
Medical Professional Finding: (Choose one)			
<input type="checkbox"/> Driver is safe and a vision evaluation is recommended <input type="checkbox"/> Driver is not safe to operate a motor vehicle			

Medical conditions
that may impair a
driver's ability
include but are not
limited to:

- Epilepsy
- Arthritis
- Vision impairments
- Dementia (any type)
- Cerebrovascular disease
- Other neurodegenerative diseases
- Substance abuse or dependence

Examination Date (Submit to MVD within 90 days)
Symptoms and Diagnosis (Narrative)
Medical Professional Signature

Statutory and Regulatory Authority: A.R.S. §§ 28-3005, 28-3314; A.A.C R17-4-502, 17-4-503, and 17-4-506.

For additional information contact: medicalreview@azdot.gov or call 602.771.2460.