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A DESCRIPTION OF THE NORTH
CAROLINA DRIVER MEDICAL EVALUATION
SYSTEM

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and
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September, 1980

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Highway Safety Research Center
Chapel Hill, NC 27514

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TABLE OF CONTENTS

| | Page |
|---|------|
| INTRODUCTION | 1 |
| Entrance into the System | 3 |
| Assimilation into the System | 6 |
| Handling of Cases Sent to the Medical Adviser | 7 |
| Appeal | 10 |
| The Medical Review Board | 10 |
| Number and Types of Cases Reviewed | 13 |
| Evaluations by Year | 16 |
| CONCLUSIONS | 16 |
| BIBLIOGRPAHY | 19 |

APPENDICES

- A License Application Form
- B Form DL-78.1--Medical Report
- C Form DHS-2180--Driver Medical Evaluation--Findings of the Medical Review Board
- D Form DHS-1511--Letter Requesting Additional Information
- E Form DL-78--Consent Form for the Release of Consumer Information
- F Form DHS-1767--Letter Requesting Ophthalmologic Report
- G Form DHS-1510--Letter Requesting Additional Information--Alcohol Related
- H Form DHS-1519--Medical Report Accounting Statement
- I Form DHS-2002--Letter Regarding Blackouts, Epilepsy, Seizures and Driving
- J Form DHS-2007--Letter Regarding Heart Trouble and Driving
- K Form DHS-1251--Highway Safety Driver Medical Evaluation Form for Medical Consultant Panel Member
- L Form DHS 1144--Driver Medical Evaluation Form--Summary of Medical Adviser
- M Form DL 76--Driver Services Recommendations

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Introduction

In the early sixties, attention was focused on the potential of certain physical or mental problems to cause or contribute to traffic accidents. Such studies as those by Waller¹ and West² put estimates on the role of these conditions in accident causation. For example, Waller commented that "probably 15-25 percent of serious crashes are attributable, at least in part, to medical conditions other than drinking problems and that approximately a third of all severe to fatal crashes involve someone with a drinking problem. . ."

Several states had long been concerned about these factors and with the availability of this new information felt that the evidence justified taking legislative steps.

Most legislation relating to medical evaluation was directed at identifying those drivers believed to have physical and/or mental problems which might affect their driving. In those cases in which the problems were not deemed too severe, restrictions were placed on driving. Driving privileges were revoked in those cases in which it was determined that problems were severe enough to preclude safe driving.

A system to medically evaluate drivers was begun in 1964 in North Carolina. An objective of the overall study of which this report is the first part is to examine the driving performance of persons in the medical evaluation system in terms of moving violations and crashes. In order to better interpret the results of the analyses of the driving records of these medically impaired individuals, it is necessary to have an adequate knowledge of the entire medical evaluation process.

Therefore, HSRC has undertaken a documentary study of the medical evaluation system. This report is a description of North Carolina's Medical Evaluation Program.

North Carolina Law states that a person cannot be licensed if he suffers from any mental or physical problem which might adversely affect his ability to drive. To help implement this law, the State of North Carolina established the North Carolina Driver Medical Program in May 1964. Representatives of both the State Medical Society's Committee on Traffic Safety and the North Carolina Division of Motor Vehicles (DMV) developed general guidelines and policies concerning the licensure of impaired drivers. In 1964, a panel of medical consultants, selected by the Medical Society, began reviewing driver license cases referred for medical problems.

In 1968, DMV requested that the Division of Health Services administer the program, and a physician was appointed to act as Medical Adviser.

In brief, the administrative process by which one goes through the system is as follows: An individual believed to have a medical impairment is required to have his physician complete a Medical Report Form furnished by the Division of Motor Vehicles. This report is first screened by the licensing agency (which attaches a copy of the current driving record) and then sent to the Medical Adviser for evaluation. If he desires an additional opinion, he submits the case to a medical panel of three physicians. In reviewing the cases, the panel determines the extent of an individual's disability and if the limitation(s) would impair the individual's ability to safely operate a motor vehicle. Each member of the panel reviews the case independently and submits his recommendation to the Medical Adviser who after considering the recommendations of the panel members, makes a final recommendation to DMV for action. DMV officials make the final decision to grant, restrict, prohibit, or withdraw the individual's driving privilege.

Since the program's inception, over 50,000 individuals have had their medical record reviewed to determine the extent of disability and to ascertain if the individual's health problems would adversely affect his or her ability to safely operate a motor vehicle. The individual's passage through the system is depicted in Figure 1.

Entrance Into the System

When North Carolina DMV's Driver Services Section has reasonable cause to believe that an applicant has physical conditions or health problems which may impair his/her driving ability, the individual may be required to undergo medical evaluation. The individual gains entry into the Medical Evaluation System in a number of ways.

a. One way is through the regular licensing procedure at initial licensing or at renewal which occurs every four years. The license application consists of a series of questions; and if the applicant gives a positive answer to questions 2-4 on the application, he may gain entry into the system. These questions appear below.

2. Have you ever had your driver's license or driving privilege revoked, suspended, cancelled or denied?

When _____ Where _____

3. Have you suffered from a seizure disorder, heart trouble, paralysis, fainting, dizzy spells or other health problems within the past five years that might impair your driving?

Have you been addicted to drugs? Describe _____
_____. Is it controlled? _____

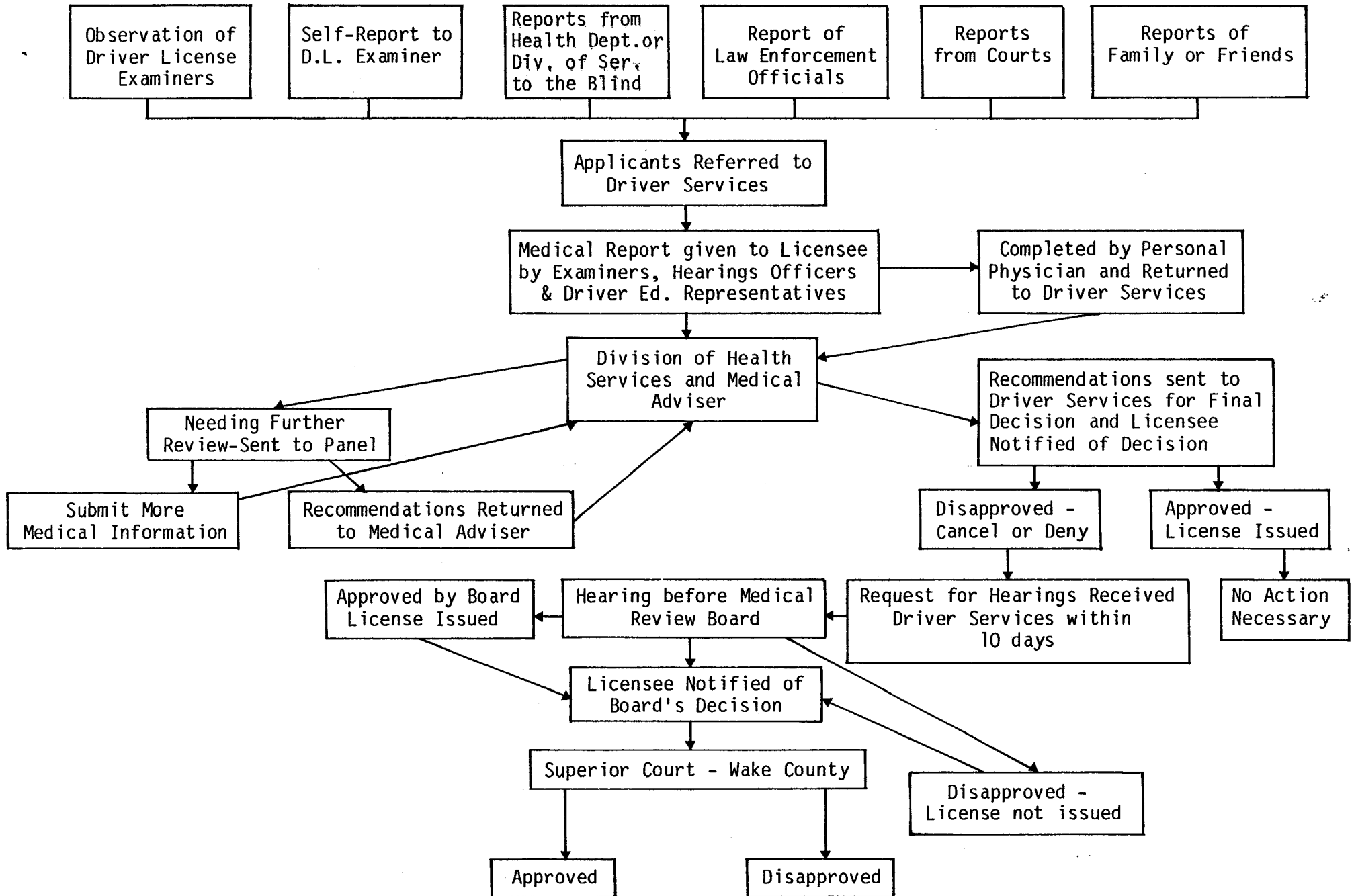
4. Have you been committed to or entered an institution for alcohol or drug addiction within the past five years?

When _____ Name of Institution _____
Were you discharged? _____ When _____

A sample application appears in Appendix A.

In addition to the responses to the preceding questions, the license examiner makes note of visual acuity and physical condition. Any response indicating a problem makes a driver license applicant eligible to enter the

FIGURE I
ADMINISTRATIVE PROCESS OF THE MEDICAL EVALUATION PROGRAM



initial phase of the medical evaluation process. In their training, driver license examiners are instructed in medical screening considerations and provided with a booklet published by the National Highway Traffic Safety Administration (NHTSA) entitled Screening for Driver Limitation. This is a review manual designed to "aid driver license examiners in recognizing signs and symptoms of medical conditions that may limit safe driving ability." If the license examiner decides that a medical evaluation is needed, he instructs the applicant on the procedure to be followed in submitting the medical report (Appendix B) and gives an explanation of the reason for the evaluation.

b. Self-reporting.

In addition to the routinized licensing procedures, a person may reveal to the examiner health problems which he feels may adversely affect his driving. The majority of persons enter the Medical Evaluation Program (MEP) through referral at licensing.

c. Reports from law enforcement officials.

Another source of referrals is through reports from law enforcement officials. If a highway patrol officer has reason to believe that driving ability is impaired by a health condition, he may file an HP-640. This form is sent to the Internal Operations Coordinator. A letter and accompanying documentation are sent to the district Driver License Examiner who notifies the person and informs him that he must come in for a special reexamination. Referrals of this type are also made by municipal police. Most of these cases are persons experiencing blackouts and alcohol related problems. About five percent of all cases entering the system are of this type.

d. Reports from the courts.

According to Motor Vehicle Law 20-17.1(b);

"if any person shall be adjudicated as incompetent or is involuntarily admitted for the treatment of alcoholism or drug addiction, the clerk of the court in which any such adjudication is made shall forthwith send a certified copy of abstract thereof to the Commissioner."

In other words, the Clerk of the Court should report those persons who appear before the courts and are found to be mentally incompetent or are involuntarily admitted for treatment of alcoholism or drug addiction.

Less than one percent of review cases are received from this source.

e. Family or acquaintances.

Some cases are brought to the attention of DMV by acquaintances or family members concerned about the individual's driving ability.

In recent years it has become policy that such referrals may not be acted on where anonymous. So when DMV receives such a referral they contact the person making the referral and notify them that their name cannot be held in confidence. At this point many individuals decline to pursue the matter further. Thus, the number of referrals of this type has declined.

f. Division of Services to the Blind.

Additional cases are referred to DMV by the Division of Services to the Blind.

Assimilation into the System

Regardless of the method of identification, any person believed by DMV's Driver Services Section to have physical or mental conditions which may impair his driving ability is required to undergo a medical evaluation. Upon receipt of the completed Medical Report Form from an examining physician at DMV's Driver Services, an identification number is assigned to the case and the person receives a medical trailer on his Driver History record. This trailer is a computerized record of the medical review and is appended to the individual's Driver History record regardless of the findings of the medical evaluation. For persons who already have a North Carolina driver's license, this information is added to their computerized driver record. For those who do not have a license, a separate record containing this information is created. (Some individuals who fail the vision portion of the licensing

examination are asked to have a form DL-77 filled out by their ophthalmologist or optometrist. This usually does not result in the assignment of a medical trailer.)

After the Medical Report form is received and processed by DMV, an explanation of why the individual is undergoing medical evaluation and a copy of the individual's Driver History record and other information felt to be pertinent are sent to the Medical Adviser's office at the Division of Health Services.

Handling of Cases Sent to Medical Adviser (MA)

Forms referred to the Medical Adviser arrive through inter-office mail from DMV. Upon receipt of the form, the case number is checked against the Medical Adviser's files. In the event the individual is someone who has previously undergone a medical evaluation, information is retrieved from the files and attached to the new information. Next DHS Form 2180 (Appendix C) is attached to front of the information and the entire packet is given to the Head of the Highway Safety Branch, Epidemiology Section, who screens the cases and either:

- 1.) In consultation with the Medical Adviser approves and returns to Driver Services those cases in which no further medical opinion is required. These are usually cases in which an individual's record has previously been reviewed by the Board and who had been approved for driving conditional upon submission of periodic medical reports. If these are in order, they are approved.
- 2.) Requests additional information (Appendices D-G) either from DMV or the examining physician (Hospital Discharge Summary, etc.) or
- 3.) Refers the case to the Medical Adviser or the Medical Consultant Panel.

The Medical Adviser, a physician, reviews those cases given to him by Driver Services and has the following options available to him:

- a. He may make an independent judgment on the case and send his recommendations to Driver Services.
- b. He may request additional information from the individual, his physician, and/or any hospital in which he might have been a patient

as well as information from the courts. Those cases for which additional information has been requested are stored in a "pending" file. If, after thirty days, the requested information is not received, a notice is sent to DMV Driver Services. If the applicant has a valid license, Driver Services will send him a reminder letter allowing fifteen days additional time to provide the requested information. If not received within fifteen days, cancellation of the driving privilege will be ordered, with the effective date fifteen days from date the order is written. If the applicant does not have a valid license, there is no follow-up.

- c. He may send a copy of the Medical Report and other pertinent information to a panel of physicians whom he may select from the thirty-six designated Medical Consultants. For example, if he believes that a case demands the expertise of a specialist in a particular area, he may ask him to review that case. Because Medical Consultant Panel members do not meet as a group to evaluate these medical reports, the panels may differ from case to case. This arrangement offers flexibility allowing the selection of specialists in a field whose expertise may assist in evaluating the effect on person's driving potential of a certain ailment. This panel of physicians is appointed by the Director of the Division of Health with the approval of the Traffic Safety Committee of the North Carolina Medical Society. Rather than evaluate drivers, the Committee offers advice on medical aspects of driver safety. The roster of Medical Consultant Panel Members is made up of physicians throughout the State.

Names of Panel Members are kept confidential. Once the Medical Adviser selects the physicians he would like to review a case (the number may vary depending upon the judgment of the Medical Adviser), a form is sent to each physician detailing the health concern. When the form and associated information are sent to a physician, the case number of the person and the physician to whom it is sent are logged on Form 1519 (Appendix H). If after two weeks no response is received, the Medical Adviser may contact the Medical Panel Consultant member(s) reviewing the case. If the form has not been received within an additional week, the Medical Adviser makes his decision without the opinion of this physician or refers the case to another physician. (Physician Panel consultants receive a nominal fee of \$8.00 for each case reviewed.)

The Medical Consultant Panel member may request additional information or may make a recommendation. Opinions are arrived at independently. In forming opinions, he may refer to the American Medical Association's publication, Physician's Guide for Determining Driver Limitation, North Carolina Physician's Guide for Determining Driver Limitation and other available guidelines. His recommendation is placed on DHS Form 1251 (Appendix K) and returned to the Medical Adviser.

Upon receipt of all Form 1251's, the Medical Adviser reaches a decision. (If he feels that additional consultation is required, he may make further requests.) His decision is based on his personal medical judgment, taking into consideration the recommendations he has received. Upon making a final decision, the Medical Adviser sends his recommendations to Driver Services on a Form 1144. As may be seen, (Appendix L) the Adviser summarizes the recommendations of the Medical Consultant Panel. If the Medical Adviser

recommends the licensing of an individual with a newly reported heart condition or seizures, he may send a letter of information to the person (see Appendices I and J). This letter is included with the information returned to Driver Services, who actually are responsible for sending the letter with notice of licensing approval. Upon receipt of the Form 1144, Driver Services makes a final decision regarding the person's ability to drive and any restrictions felt to be necessary. Record of the decision is placed on DL-76 (Appendix M). The individual is notified of the decision and the action to be taken. If the person is to be denied driving privileges or his/her license is to be cancelled, the applicant is notified of the decision by certified mail. Included in this letter is information on procedures to be followed should the individual desire to appeal the decision.

If the individual's license is to be restricted, the case is referred to a Driver License Examiner for the purpose of issuing a duplicate license with the required restrictions imposed.

Appeal

An individual denied a license or whose driving is restricted may request a review by the North Carolina Driver License Medical Review Board. To do this, the individual must file a written request with the Division of Motor Vehicles within ten days after receipt of such denial.

Upon receipt of the individuals request, the Medical Review Board schedules the time of the hearing and notifies the individual of the time and place of the review. Once the hearing has been set, it may be continued upon the motion of the applicant for good cause shown with approval or upon order of the Medical Review Board.

The Medical Review Board.

The Medical Review Board is comprised of the Commissioner of Motor Vehicles or his authorized representative and four physicians appointed by the

Chairman of the Commission of Health Services. The Board is authorized to compel the attendance of witnesses and the presentation of such evidence as it feels necessary. Physicians serving on the Medical Review Board are paid a nominal fee for each Board meeting they attend (\$135.00).

Presently, there are three Medical Review Boards in operation, with hearings set for three different dates each month. The Commissioner's representative and two physicians constitute a quorum.

An individual may speak on his own behalf before the Board or may appear with Counsel. At the Board hearing, additional evidence in the form of witnesses, affidavits from members of the medical profession, statements, medical reports, hospital records, etc. may be presented. Members of the Board may question the individual. Proceedings of the meeting are recorded.

After concluding the hearing with the petitioner, the Board renders a decision and issues an order. The Board's decision is referred as information to the Division of Health Services where the information is recorded on Form DHS-2180 (Appendix C). If the Board's decision is adverse to the petitioner, he must be advised of the decision by certified mail. A copy of the Board's decision with accompanying Findings and Conclusions is delivered or mailed, upon request, to the petitioner. If the petitioner is represented by counsel, both of the above must be mailed to the attorney.

At this point, the petitioner has one additional place of appeal i.e., the State Superior Court.

Table 1 provides a description of the actions taken by medical reviewers on persons entering the system for the first time. It may be seen that 69.7 percent of cases reviewed by the Medical Adviser are approved compared to only 50.3 percent of those cases appealed to the Medical Review Board and 21.5

TABLE 1
ACTION UPON INITIAL REVIEW

| <u>Action Taken</u> | Medical Adviser N=55,286 | Medical Cons. Panel N=15,739 | Review Board N=1343 | Superior Court N=28 |
|---------------------------------------|--------------------------------|------------------------------------|---------------------------|---------------------------|
| Approval | 19.1% | 12.9% | 3.7% | 17.9% |
| Approval, with med report in 6 mos | | | 4.5 | |
| Approval, with med report in 1 yr | 12.0 | 15.6 | 31.9 | |
| Approval, with med report in 2 yrs | 18.6 | 2.2 | .5 | |
| Approval, with med report in 3 yrs | 0.0 | 0.0 | | |
| Approval, with med report in 4+ yrs | 6.0 | .8 | | |
| Approval, with corrective lenses | 4.5 | .3 | .2 | |
| Approval, with other restriction/s | 9.5 | 25.8 | 9.5 | 3.6 |
| Approval prior to 1969 | 0 | 4.3 | | |
| Disapproval with Review | .1 | 25.2 | | |
| Disapproval-Permanent | .6 | 11.3 | | |
| Disapproval prior to 1969 | .0 | 1.2 | | |
| Disapprove-Review of further evidence | | | 2.8 | |
| Disapprove | | | 46.5 | 78.6 |
| Returned to DMV-no recommendation | .9 | .3 | | |
| Referred to panel | 26.9 | NA | | |
| Not Stated | 1.5 | NA | | |
| Total Approvals | 69.7 | 61.9 | 50.3 | 21.5 |
| Total Disapprovals | .7 | 37.7 | 49.3 | 78.6 |

percent of the cases appealed to Superior Court. Of course most of those reviewed by the Medical Review Board or Superior Court are ones that have been disapproved by the Medical Adviser. It is also of interest that only a small proportion of individuals appeal to the Medical Review Board (2.4%) and that even more rarely are findings appealed to Superior Court (only 28 out of 55,286 individuals). The Medical Adviser very rarely disapproves an individual for driving without referring the case to the Medical Review Panel. Those referred to the panel are approved for driving (usually with some restrictions) over sixty percent of the time.

Numbers and Types of Cases Reviewed

The frequency distribution of the number of times individuals within the medical evaluation system have received a review is presented in Table 2. From this table it may be seen that 80 percent of persons with medical trailers have fewer than three evaluations and that less than two percent have had more than seven.

The numbers in the tables in this report are based on data appearing in the North Carolina Driver History File as of March 1980. Thus, these figures may be somewhat different from earlier annual activity reports because of delayed entry of cases on the computer system, individual records having been purged from the system because the driver is deceased, etc.

Table 3 shows the distribution of the primary disability as determined in the medical review process both as determined on initial medical evaluation and on repeat evaluations. With respect to primary disability codes at the initial evaluation, it may be seen that alcohol is mentioned in over 40 percent of the cases. Cardiovascular disorders are the next most frequently mentioned problem.

TABLE 2
NUMBER OF MEDICAL EVALUATIONS
OF PERSONS HAVING A MEDICAL
TRAILER

| <u>Number of Evaluations</u> | <u>Number</u> | <u>Percent</u> |
|------------------------------|---------------|----------------|
| 1 | 29,007 | 53.9% |
| 2 | 14,026 | 26.1 |
| 3 | 6,108 | 11.4 |
| 4-5 | 3,872 | 7.2 |
| 6-7 | 673 | 1.3 |
| 8-9 | 105 | 0.2 |
| 10-13 | <u>15</u> | 0.0 |
| Total | 53,806* | 100.1% |

*An additional 1,590 had missing information.

TABLE 3
MAJOR DISABILITY OF PERSONS
HAVING A MEDICAL TRAILER

| Major Disability (code in parenthesis) | % Initial (55,286) | % Repeat (49,225) |
|---|--------------------------|-------------------------|
| None (0) | 1.8 | 0.1 |
| Hypertension (11) | 1.8 | 1.3 |
| CV Disorder (12) | 15.6 | 11.8 |
| Other Heart Related (13,15,16,17,18,19) | 3.7 | 1.8 |
| CVA & Subdural Hematoma (14 + 41 + 42) | 3.6 | 3.5 |
| Endocrine-Diabetes (20 + 25) | 3.4 | 2.2 |
| Blackouts, Narcolepsy (30,32) | 7.2 | 8.5 |
| Seizures (31) | 3.9 | 7.5 |
| Other Neurological (35) | 1.8 | 1.5 |
| Paralysis (40) | .7 | .5 |
| Arthritis & other bone & muscle impairments (45,47,48) | 1.4 | .8 |
| Absent Extremities (46) | .1 | .1 |
| Hearing (50) | .1 | 0 |
| Visual Problems (55,56,57,58) | 4.0 | 3.2 |
| Mental/Emotional (60) | 9.1 | 11.0 |
| Alcohol Related (65,66,67,68) | 40.2 | 38.5 |
| Drug Related | .9 | 1.0 |
| Other (75,80,90,99) | .8 | .5 |

Evaluations by Year

Also of interest is the number of persons who gain entry into the system each year and the number of evaluations completed each year. Data relating to these issues are presented in Tables 4 and 5.

Inspection of Table 4 reveals that over the past five years there has been a trend towards fewer individuals entering the medical evaluation system each year. There are a number of possible explanations for this. One could be that the system has gradually identified eligible persons from a residual pool over the years. In recent years that pool has nearly become exhausted and now primarily individuals who have recently suffered a medical disability are entering the system. Another could be that for some reason there is now less willingness to refer eligible individuals to the system. Another may be that the general driving population is healthier and a smaller proportion of that population is presenting symptoms which would make them eligible for the system. Analyses in subsequent project years will be aimed at testing some of these hypotheses.

In Table 5 one sees that the total number of evaluations per year has been declining slightly over recent years. This may be due to some of the reasons enumerated above in the discussion of Table 4; but it may also be due to a recent trend towards requiring subsequent reviews after a longer interval than was the former practice, i.e., approving driving on the condition of another medical review in say two years instead of one. Again, further analyses will be conducted in subsequent project years to examine this issue.

Conclusions

The object of this report was to describe the medical evaluation system and how an individual may be processed through that system. With a more

TABLE 4
NUMBER OF PERSONS RECEIVING INITIAL
EVALUATIONS BY YEAR

| | |
|----------|-------------|
| Pre 1975 | 29704 |
| 1975 | 6858 |
| 1976 | 5403 |
| 1977 | 4447 |
| 1978 | 4174 |
| 1979 | <u>3898</u> |
| | 54484 |

TABLE 5
NUMBER OF MEDICAL EVALUATIONS
CONDUCTED BY YEAR

| | |
|----------|-------------|
| Pre 1975 | 47882 |
| 1975 | 12132 |
| 1976 | 11530 |
| 1977 | 11081 |
| 1978 | 10187 |
| 1979 | <u>9740</u> |
| | 102552 |

thorough understanding of the medical review process, hopefully analyses to be conducted in future project years may be more meaningfully conducted and interpreted.

Issues yet to be examined include crash rates by disability category, differential violation patterns by disability category, and alternative sources of subject referral.

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2. West, I. "The Impaired Driver . A Critical Review of the Facts."
California Medicine, 1963, 98, 271-274.

APPENDIX A

| RECEIPT NUMBER | | | |
|----------------|-----------------------|----------|-----------------------|
| EXAM. NO. | STAT. NO. | CAM. NO. | |
| ORIGINAL | <input type="radio"/> | REN. | <input type="radio"/> |
| | W O RT M | | |
| MTCYCLE | W O RT M | | |

RECEIVED 1993

DO NOT
FOLD,
MUTILATE
OR
WRITE ON
THIS CARD

SIGNATURE OF COMMISSIONER

APPLICATION FOR

NORTH CAROLINA DRIVER'S LICENSE

| | | | | | |
|-----------------------|--|-----------------|-----|-------------|-------------|
| TYPE | | LICENSE NUMBER | | | |
| ISSUE DATE | | EXPIRATION DATE | | | |
| BIRTH DATE | | RACE | SEX | RESTR. CODE | ORGAN DONOR |
| SIGNATURE OF LICENSEE | | | | | |

CHECK ONE
YES NO

☐ 1. HAVE YOU EVER BEEN LICENSED TO OPERATE A MOTOR VEHICLE? WHEN _____ WHERE _____
HAVE YOU EVER RECEIVED A TRAFFIC CONVICTION IN NORTH CAROLINA? _____ IF SO, WHEN? _____

☐ 2. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE OR DRIVING PRIVILEGE REVOKED, SUSPENDED, CANCELLED, OR DENIED? WHEN _____ WHERE _____

☐ 3. HAVE YOU SUFFERED FROM A SEIZURE DISORDER, HEART TROUBLE, PARALYSIS, FAINTING, DIZZY SPELLS, OR OTHER HEALTH PROBLEMS WITHIN THE PAST FIVE YEARS THAT MIGHT IMPAIR YOUR DRIVING?
HAVE YOU BEEN ADDICTED TO DRUGS? DESCRIBE _____
IS IT CONTROLLED? _____

☐ 4. HAVE YOU BEEN COMMITTED TO OR ENTERED AN INSTITUTION FOR ALCOHOL OR DRUG ADDICTION WITHIN THE PAST FIVE YEARS?
WHEN _____ NAME OF INSTITUTION _____
WERE YOU DISCHARGED? _____ WHEN _____

☐ 5. ARE YOU AN ORGAN DONOR? _____

SIGNATURE OF PARENT (GUARDIAN) OF MINOR _____

AFFIDAVIT OF APPLICANT: THE ABOVE SIGNED APPLICANT STATES THAT THE INFORMATION GIVEN HEREIN IS TRUE, SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ 197 _____

EXAMINER—NOTARY PUBLIC—C.O.

APPENDIX B.

DL-78.1 (Rev. 9-77)

NORTH CAROLINA DIVISION OF MOTOR VEHICLES
DRIVER SERVICES

MEDICAL REPORT

NOTICE TO APPLICANT

In order that the Division of Motor Vehicles might have adequate medical information from which to make a medical evaluation of your ability to safely operate motor vehicles over the highways of this State, you are to take this form to your **FAMILY PHYSICIAN** and have him *complete it in detail. This report must be completed by a licensed physician, practicing medicine in the State of North Carolina* (unless your family physician resides out-of-state). If he feels the need for consultation with other medical authorities prior to completion of the form, please ask him to do so. The examining physician will mail this form to the Division of Motor Vehicles. Should this form be received incomplete, it will be necessary that it be returned to the examining physician for completion before review.

The results of your examination may be sent to a Medical Consultant Panel consisting of three physicians. The Panel will review the results of your examination and express its professional opinion as to your fitness to drive a motor vehicle. In forming its opinion, the Panel will use the standards set forth in the American Medical Association's **MEDICAL GUIDE FOR PHYSICIANS In Determining Driver Limitation.**

The Panel's opinion will be reviewed by Driver Services of the Division of Motor Vehicles. ***This Agency will determine whether or not you meet all the standards required to operate a motor vehicle in North Carolina.***

NORTH CAROLINA DIVISION OF MOTOR VEHICLES
DRIVER SERVICESCONSENT FORM FOR RELEASE OF
CONSUMER INFORMATION**NOTE: THIS PAGE MUST BE RETURNED
WITH THE MEDICAL REPORT FORM**

Name _____

Street _____

City _____

License No. _____

Social Security No. _____

GENERAL RELEASE:

I hereby authorize Dr. _____ to give any examination he deems necessary for the purpose of determining my fitness to operate a motor vehicle. I also authorize any other physicians who have attended me or any hospital or clinic in which I may have been treated to give the Division of Motor Vehicles, or its representative, any information they may request concerning my condition.

I understand that this authorization includes permission for the Division of Motor Vehicles to have this information reviewed by a consulting panel of unidentified physicians for the purpose of giving the Division a medical opinion on my case.

SPECIFIC RELEASE:

Facility being asked for information
(name and address):

Any hospital, Clinic, Veterans Hospital, Alcoholic Rehabilitation Center, Mental Health Center or other

treatment facility in which I have been hospitalized or received treatment

I, _____, hereby authorize the above-named facility to release specified information concerning me to the N. C. Division of Motor Vehicles, the Driver License Medical Review Board or the N. C. Division of Health Services.

This data shall include all medical records related to my treatment at the above facility
(EXTENT AND NATURE OF DATA TO BE DISCLOSED)

The purpose of releasing this data shall be for medical evaluation to determine my qualifications for driving.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

This authorization and request is fully understood and is made voluntarily on my part.

WITNESS:

(Signed) _____

(Signed) _____

(CONSUMER)

DATE _____

SIGNATURE OF PARENT OR GUARDIAN IF MINOR _____

NORTH CAROLINA DIVISION OF MOTOR VEHICLES
DRIVER SERVICES

MEDICAL REPORT FORM

Identification Number

Date _____

Name _____

Street _____

City _____

Date of Birth _____

License No. _____

No. of Years Applicant Has Driven in N. C. _____

Road Test: (Circle) Good Average Fair

Examiner No. _____

D.L. _____ L.P. _____ R.I.P. _____

Age _____ Sex _____ Marital Status _____

Occupation _____

Applicant requested to submit medical report due to _____

Who is applicant's personal physician? _____

Vision Results on Ortho-Rater by Examiner

W/G B 20/ _____ R 20/ _____ L 20/ _____

W/O B 20/ _____ R 20/ _____ L 20/ _____

Field of Vision: Right _____° Left _____°

Restrictions Placed on License by Examiner_____

_____TO PHYSICIAN:

Please answer all questions in Section I and APPLICABLE portions of Section II. When the form is completed, PLEASE MAIL ALL SIX (6) PAGES to the Division of Motor Vehicles, Driver Services, Raleigh, North Carolina 27611. A pre-addressed postage paid envelope is attached for this purpose.

I. APPLICANT'S MEDICAL HISTORY

A. Has applicant been a patient in a hospital in the past 5 years?

☐ Yes ☐ No

If yes, give dates, name of hospital(s) and primary diagnosis if known: _____

B. How long has applicant been your patient? _____

Date you last treated applicant before today: _____

C. Names of other physicians who have treated applicant in past two years: _____

D. What is applicant's height? _____ Weight? _____

E. Has applicant ever had: (If yes, complete appropriate part of Section II)

| | Yes | No | | Yes | No |
|--------------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| (1) Diabetes mellitus? | <input type="checkbox"/> | <input type="checkbox"/> | (5) An alcohol or drug problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) A musculoskeletal disorder? | <input type="checkbox"/> | <input type="checkbox"/> | (6) Any neurological disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Any emotional or mental illness? | <input type="checkbox"/> | <input type="checkbox"/> | (7) A visual impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) A cardiovascular disorder? | <input type="checkbox"/> | <input type="checkbox"/> | (8) Any other impairment? | <input type="checkbox"/> | <input type="checkbox"/> |

F. EXAMINING PHYSICIAN'S COMMENTS AND RECOMMENDATIONS:(1) In your opinion, has the applicant followed your medical recommendations? ☐ Yes ☐ No(2) Do you recommend periodic medical evaluation for driver license purposes? ☐ Yes ☐ No

If yes, how often? _____

(3) In your opinion, should applicant be restricted as to driving distance (consider distance to work, shopping and church), speed limit, daylight driving only, etc.? ☐ Yes ☐ No. If yes, specify _____

G. If there are any other medical conditions not shown on this report which may affect his/her safe operation of a motor vehicle, please describe: _____

Date _____

Physician's
Signature _____ M. D.

PRINT NAME OF PATIENT

Phone No. _____

NOTE: This form must be signed by a licensed physician. Signatures of physicians assistants, nurses, etc., are not acceptable.

Type, print, or stamp name and address

II. COMPLETE ONLY APPLICABLE SECTIONS (See Question I-E):**A. DIABETES:**

- (1) Age at onset _____. Does applicant take insulin or oral diabetic medication? ☐ Yes ☐ No
How much? _____. What kind? _____
- (2) Has applicant ever been in a diabetic coma? ☐ Yes ☐ No
If yes, how many times? _____. Date of last coma _____
- (3) Has the applicant had insulin reactions severe enough to impair judgment or ability to drive an automobile? ☐ Yes ☐ No
If yes, how many times? _____. Date of last time: _____
- (4) Does applicant have diabetic retinopathy? ☐ Yes ☐ No
- (5) Is applicant's diabetic condition under adequate control? ☐ Yes ☐ No

B. MUSCULOSKELETAL:

- (1) What type of musculoskeletal disorder does applicant have? _____

- (2) Are there any stiff or flail joints? ☐ Yes ☐ No
If yes, where? _____

- (3) Are there any spastic or paralyzed muscles? ☐ Yes ☐ No
If yes, describe briefly. _____

- (4) Has there been an amputation? ☐ Yes ☐ No
If yes, what portion of the anatomy? _____

- (5) Does applicant use or need any orthopedic appliances or supports? ☐ Yes ☐ No
If yes, what? _____

C. MENTAL

- (1) Has applicant ever been treated for emotional or mental illness? ☐ Yes ☐ No
If yes, when? _____
Diagnosis: _____
Condition on discharge; _____

- (2) Does applicant now show evidence of, or have difficulty with any emotional or mental illness? ☐ Yes ☐ No
If yes, to what extent? _____

- (3) Present medication (type and dosage): _____
Does medication affect mental alertness? ☐ Yes ☐ No
- (4) Does applicant demonstrate any mental retardation? ☐ Yes ☐ No
If yes, describe briefly: _____

II. D. CARDIOVASCULAR:

- (1) What type of cardiovascular disease does applicant have? _____

- (2) Functional capacity (AHA): *(Check One)*
 Class I — No limitation of physical activity; ordinary physical activities cause no undue dyspnea, anginal pain, fatigue or palpitation. _____
 Class II — Slight limitation of physical activity; comfortable at rest and with mild exertion _____
 Class III — Marked limitation of physical activity; comfortable at rest but symptoms occur with even mild activity. _____
 Class IV — Complete limitation of physical activity; symptoms occur at rest. _____
- (3) Does applicant have congestive heart failure? ☐ Yes ☐ No
 If yes, is it adequately controlled by therapy? ☐ Yes ☐ No
- (4) Does applicant have a history of arrhythmia? ☐ Yes ☐ No
 If yes, state type(s) and how controlled: _____

- (5) If applicant has hypertension, answer the following:
 (a) What is present BP level? _____
 (b) Are there indications of abnormal urinary function, hypertensive cerebrovascular damage, left ventricular hypertrophy, or hypertensive abnormalities of the optic fundi? ☐ Yes ☐ No
 If yes; specify. _____

- (6) If applicant has peripheral vascular disease of the extremities, describe briefly: _____

- (7) Is there an arterial or arterio-venous aneurysm? ☐ Yes ☐ No
 If yes, state location: _____
- (8) Is there any syncope due to cardiovascular disease? ☐ Yes ☐ No
 If yes, what is frequency and severity? _____

- (9) Does applicant take medications regularly for a cardiovascular condition? ☐ Yes ☐ No
 If yes, state type and dosage. _____

E. ALCOHOL AND DRUGS:

- (1) Is there any evidence or personal knowledge of addiction, habituation, or abuse of alcohol or other drugs? ☐ Yes ☐ No
 If yes, what and how much _____

- (2) Has applicant been treated for alcoholism or drug dependency? ☐ Yes ☐ No
 If yes, when? _____ Where? _____
- (3) Does the patient drink alcoholic beverages now? ☐ Yes ☐ No
 If yes, to what extent? _____

II. F. NEUROLOGIC:

- (1) Has applicant suffered brain damage from trauma, stroke, diffuse cerebrovascular disease, or other cause? ☐ Yes ☐ No
 If yes, does applicant now show deficiency in mentation because of this? ☐ Yes ☐ No
- (2) Has the applicant had epilepsy or convulsive seizures? ☐ Yes ☐ No
 If yes, complete the following:
 (a) Date of onset: _____ Brief description of seizures: _____

- (b) How often do they occur? _____
- (c) Date of last seizure: _____
- (d) Do these seizures occur only during sleep ("nocturnal epilepsy")? ☐ Yes ☐ No
- (e) Does applicant take drugs regularly for control of seizures? ☐ Yes ☐ No
 If yes, specify kind and amount: _____
 When was present regimen of therapy initiated? _____
 Recent blood levels: Date _____ Level _____ Date _____ Level _____
- (f) Date of last EEG: _____ Interpretation: _____
- (3) Has the applicant had "blackout" spells or fainting spells unrelated to epilepsy or diabetes? ☐ Yes ☐ No
 If yes, how often? _____ State cause, if known: _____

- Date of last one: _____ Are they now controlled? ☐ Yes ☐ No
- (4) Does applicant suffer from poor coordination? ☐ Yes ☐ No
 If yes, state cause: _____

G. VISION

- (1) What type of eye disease does applicant have? _____
- (2) Visual Acuity: Name of equipment used: _____
 With glasses: BE-20/ RE-20/ LE-20/
 Without glasses: BE-20/ RE-20/ LE-20/
- (3) Is there a restriction of visual fields? ☐ Yes ☐ No
 If yes, record degrees of visual fields remaining: R. _____° L. _____°
- (4) Is there any diplopia? ☐ Yes ☐ No

H. OTHER IMPAIRMENTS

- (1) Are there other medical impairments? ☐ Yes ☐ No
 If yes, describe _____

APPENDIX C.

Department of Human Resources

Division of Health Services

DRIVER MEDICAL EVALUATION

Decision and Order of the North Carolina Driver License Medical Review Board
(Board Case #)

Petitioner: _____

Case Number: _____

Date of your last review: _____

Your recommendation: _____

Appeared before Medical Review Board: _____
(date)

Board Action:

DECISION AND ORDER

.....
NOTE: I would like to see the complete decision and order of the Board.

Signature



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

*Division of Health Services*JAMES B. HUNT, JR.
GOVERNORHUGH H. TILSON, M.D.
DIRECTORSARAH T. MORROW, M.D., M.P.H.
SECRETARY

P. O. Box 2091

Raleigh 27602

Case No.

The medical records recently submitted to the Division of Motor Vehicles in connection with your licensure have been referred to this office for evaluation of your medical fitness to drive. In order to adequately evaluate your medical fitness to safely operate a motor vehicle, our Medical Adviser has determined that the following information is required:

- ☐ a discharge summary of your recent admission to
- ☐ a clinical record of your out-patient treatment at
- ☐ other (specify)

For your convenience, we have enclosed an authorization which should be completed and forwarded, along with the enclosed addressed envelope, to the appropriate treatment facility so that they can send the report directly to us. Before mailing, you must:

1. Sign the form
2. Have a witness sign the form
3. Date the form

It is of the utmost importance that you give this your immediate attention since your evaluation cannot be completed until this information is received. If we do not receive the information within thirty (30) days, the Division of Motor Vehicles will be notified and your license will be subject to cancellation.

Sincerely,

W. Douglas Wooten
W. Douglas Wooten, Head
Highway Safety Branch
Epidemiology Section

WDW/md
Enclosures

DHS Form 1511 Rev. 8-79

Highway Safety Branch

APPENDIX E.

NORTH CAROLINA DIVISION OF MOTOR VEHICLES
DRIVER SERVICES SECTION

CONSENT FORM FOR RELEASE OF
CONSUMER INFORMATION

**NOTE: THIS PAGE MUST BE RETURNED
WITH THE MEDICAL REPORT FORM**

Name _____

Street _____

City _____

License No. _____

Social Security No. _____

GENERAL RELEASE:

I hereby authorize Dr. _____ to give any examination he deems necessary for the purpose of determining my fitness to operate a motor vehicle. I also authorize any other physicians who have attended me or any hospital or clinic in which I may have been treated to give the Division of Motor Vehicles, or its representative, any information they may request concerning my condition.

I understand that this authorization includes permission for the Division of Motor Vehicles to have this information reviewed by a consulting panel of unidentified physicians for the purpose of giving the Division a medical opinion on my case.

SPECIFIC RELEASE:

Facility being asked for information
(name and address):

Any hospital, Clinic, Veterans Hospital, Alcoholic Rehabilitation Center, Mental Health Center or other
treatment facility in which I have been hospitalized or received treatment

I, _____, hereby authorize the above-named facility to release specified information concerning me to the N. C. Division of Motor Vehicles, the Driver License Medical Review Board or the N. C. Division of Health Services.

This data shall include all medical records related to my treatment at the above facility
(EXTENT AND NATURE OF DATA TO BE DISCLOSED)

The purpose of releasing this data shall be for medical evaluation to determine my qualifications for driving.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

This authorization and request is fully understood and is made voluntarily on my part.

WITNESS:

(Signed) _____

(Signed) _____

(CONSUMER)

DATE

SIGNATURE OF PARENT OR GUARDIAN IF MINOR

APPENDIX F.



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

JAMES B. HUNT, JR.
GOVERNOR

HUGH H. TILSON, M.D.
DIRECTOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

P. O. Box 2091

Raleigh 27602

The North Carolina Division of Motor Vehicles has requested that a medical evaluation be made of your ability to safely operate motor vehicles over the highways of this State.

In order to properly evaluate your visual difficulty, our Medical Adviser, Driver Medical Evaluation, requests that you have submitted a current report from an ophthalmologist or optometrist including visual field examination.

Please ask the examining physician to submit his report directly to our office in the enclosed addressed envelope.

Sincerely,

Douglas Wooten, Head
Highway Safety Branch
Epidemiology Section

DW:dm
Enclosure

APPENDIX G.



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

JAMES B. HUNT, JR.
GOVERNOR

HUGH H. TILSON, M.D.
DIRECTOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

P. O. Box 2091

Raleigh 27602

We have received the medical report submitted on you by

Our Medical Adviser, Driver Medical Evaluation, requests that you supplement this report with the following additional information (items checked only):

- ☐ 1. Written statements from two reputable citizens regarding your present drinking habits. The statements should comment on how much and how frequently you drink beer, wine, or whiskey. If you have stopped drinking, statements on when you had your last drink, etc.
- ☐ 2. Statement from local Chief of Police or County Sheriff on your behavior for the past year.
- ☐ 3. Statement from you as to whether you are actively participating in an alcoholic therapy program (Mental Health Clinic, AA, Antabuse, etc.)
- ☐ 4. Statement from physician or facility following your treatment.
- ☐ 5.

This information should be mailed to the Highway Safety Branch, Division of Health Services, P. O. Box 2091, Raleigh, N.C. 27602, within thirty days of the date of this letter.

Sincerely,

Douglas Wooten (D)

Douglas Wooten, Head
Highway Safety Branch
Epidemiology Section

DW:dm
DHS Form 1510
Highway Safety

APPENDIX H
Division of Health Services

Driver Medical Evaluation

District _____

* * * *

Medical Report Accounting Statement

Panel Member _____

Period From _____ 19 ____ To _____ 19 ____

| Case No | Date Mailed | Date Returned | Case No | Date Mailed | Date Returned |
|---------|-------------|---------------|---------|-------------|---------------|
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APPENDIX I



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

JAMES B. HUNT, JR.
GOVERNOR

HUGH H. TILSON, M.D.
DIRECTOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

P. O. Box 2091

Raleigh 27602

Case No:

Re: Blackouts-Epilepsy-Seizures and Driving

You have recently been medically evaluated for driver licensing purposes due to epilepsy or loss of consciousness. Your physician has very likely discussed with you certain limitations in your activities, possibly including the driving of a motor vehicle.

The following suggestions, all of which may not be applicable in your case, are outlined for your information:

1. Take your prescribed anti-convulsive medications regularly as directed by your doctor.
2. Epileptic patients should not consume alcoholic beverages in any form. Alcohol is a sedative and could reinforce your medicine and cause too much sedation. Also, alcohol may cause seizures.
3. Avoid prolonged driving to minimize fatigue. Stop every one hour for at least five minutes. Six hours should be the maximum behind the wheel in one day. Do not drive when feeling bad, sick, or tired.
4. Avoid driving during peak traffic hours and long hours in congested traffic.
5. If you are experiencing faintness, dizziness, weakness or any loss of consciousness, even for a very short time, do not drive. Consult your doctor for evaluation.
6. Remember night driving carries added danger for many epileptic patients.
7. See your physician as often as necessary to properly control your illness. Do not stop your medicine without his advice. Have adequate supply of medicine on hand and available. If you have a seizure, consult your doctor for possible change in your medicine.
8. Epileptic patients should not operate commercial or passenger transport vehicles unless seizure free for 2 years and only then when on proper medication and approved by your physician.

If you have any questions concerning the above suggestions, consult your personal or family doctor or write the undersigned.

A handwritten signature in cursive script, reading "Paul S. Patterson".

Medical Adviser
Driver Medical Evaluation



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

*Division of Health Services*JAMES B. HUNT, JR.
GOVERNORHUGH H. TILSON, M.D.
DIRECTORSARAH T. MORROW, M.D., M.P.H.
SECRETARY

P. O. Box 2091

Raleigh 27602

Case No.

Re: Heart Trouble and Driving

You have recently been medically evaluated for driver licensing purposes due to a heart or blood vessel disorder. Your physician has probably discussed with you certain limitations on your physical activities, possibly including the operation of a motor vehicle. If so, follow his directions.

Restrictions on physical activities vary from person to person and are dependent on a number of factors, such as type of cardiovascular disease, medications or therapy, age, state of general health, etc. The following suggestions have been developed to assist you in safely operating a motor vehicle. Some may or may not be applicable in your situation.

1. Use a vehicle equipped with automatic transmission, power steering and power brakes when possible.
2. Avoid prolonged periods of driving and fatigue by making frequent stops to rest and relax. On long trips, have a relief driver. If ever uncomfortable, stop and rest.
3. Have your medication available in your car (as well as on your person). Stop if you have pain and use it.
4. Avoid dangerously congested traffic and other situations which could produce strain, tension, or fatigue.
5. Avoid prolonged confinement in hot automobiles. Take advantage of good ventilation or air conditioning when available. Heat is exhausting.
6. In cold weather, preheat the car before driving and wear warm gloves and adequate clothing.
7. Do not operate a commercial or passenger transport vehicle unless specifically authorized by your personal physician.
8. Smoking, even by others, will interfere with your efficiency.

If you have questions concerning these suggestions, discuss the matter with your family physician or write the undersigned.

A handwritten signature in cursive script, likely belonging to the Medical Adviser.

Medical Adviser
Driver Medical Evaluation

APPENDIX K
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
DRIVER MEDICAL EVALUATION

CASE NUMBER: _____

Note to Panel Member re: this case: _____

The undersigned has reviewed the attached medical report and recommends:

- ☐ Driving privilege be approved without restrictions
- ☐ Driving privilege to be approved with following restriction (s):
 - ☐ Corrective lenses
 - ☐ Local driving only (specify): _____
 - ☐ 45 M.P.H. speed limit and no interstate driving
 - ☐ Drive to and from work only
 - ☐ Daylight driving only
 - ☐ Weekdays only - No Saturday and Sunday driving
 - ☐ Other: _____
- ☐ Driving privilege to be approved provided licensee is required to submit a medical report in :
 - ☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years
- ☐ Driving privilege to be disapproved. Recommend review in: _____, 19____
(month)
- ☐ Driving privilege to be disapproved permanently.
- ☐ The following information is necessary before I can make a recommendation or other comments and recommendations:

Date: _____

Signature _____
Medical Consultant Panel Member

APPENDIX L
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

Primary Disability
Code _____

DRIVER MEDICAL EVALUATION

NAME: _____

☐ New Case ☐ Re-Opened

CASE NUMBER: _____

☐ Re-Evaluation ☐ MRB Case

Secondary Disability
Code _____

The undersigned has reviewed the attached medical report and recommends:

- _____ ☐ Driving privilege be approved without restriction
- _____ ☐ Driving privilege be approved with the following restriction(s):
- _____ ☐ Corrective lenses. ☐ 45 M.P.H. speed limit and no interstate driving.
- _____ ☐ Daylight driving only. ☐ As dictated by road testing.
- _____ ☐ Other: _____
- _____ ☐ Driving privilege be approved provided licensee is required to submit a medical report in:
- _____ ☐ 6 months. ☐ 1 year. ☐ 2 years. ☐ 4 years.
- _____ ☐ The following information is necessary before a recommendation can be made:
- _____
- _____
- _____

☐ Refer this report to the appropriate Medical Consultant Panel for evaluation.

Signature _____, M.D.

Medical Adviser, D.M.E.
Division of Health Services

MEDICAL CONSULTANT PANEL RECOMMENDATIONS

_____ of 3 panel members recommend(s) in this case:

_____ of 3 panel members recommend(s) in this case:

_____ of 3 panel members recommend(s) in this case:

SUMMARY: ☐ Approval without restriction or future medical report.

☐ Approval with medical report in:
_____ months. _____ year(s).

☐ Disapproval--Review in: _____

☐ Other: _____

☐ Approval with restriction to: ☐ Corrective lenses. ☐ 45 M.P.H. & no interstate driving. ☐ Daylight driving.

☐ Other: _____

☐ Permanent disapproval.

Date _____

Signature _____, M.D.

APPENDIX M
North Carolina Division of Motor Vehicles
DRIVER SERVICES

Medical Report _____ Lic. No. _____ Date _____

Name _____ DOB _____ R&S _____

Street Address _____

Town _____

| Reexamination Date | | | | | |
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MEDICAL ADVISER RECOMMENDS:

☐ Approved without restriction or future medical report.

☐ Approved with restrictions:

☐ Corrective Lenses

☐ 45 m.p.h.

☐ Daylight driving only

☐ Other: _____

☐ Approval with medical report in:

☐ 6 months

☐ 2 years

☐ 1 year

☐ 4 years

Other: _____

☐ Permanent disapproval

☐ Disapproval—Review in:

☐ Other: _____

RECOMMENDATION:

☐ No Action

Reexamine—Require medical report in:

☐ 6 months

☐ 2 years

☐ 1 year

☐ 4 years

Due to: _____

☐ Issue license upon receipt of an approved application.

☐ Refer Restricted L. P. to Driver Ed. Div.

☐ Refer file to Chief Examiner for:

☐ Special examination and possible restoration

☐ Issuance of appropriate restricted license

☐ Issuance of Learner's Permit

☐ Other: _____

☐ Cancel G. S. 20-15
(Code 78)

☐ Do Not issue license or
Learner's Permit

☐ License to remain revoked,
suspended or cancelled.

☐ Revoke G. S. 20-17.1
(Code 14)

☐ Other: _____
