North Carolina Division of Motor Vehicles
Medical Request for Driver Re-examination

This recommendation must provide specific information regarding the medical/visual condition and/or driving ability of the person in question and must be made only in the interest of public safety. Advanced age alone cannot be considered the sole reason for a re-examination request. Based on the information provided, the DMV Medical Evaluation Program will investigate and take action as necessary. Unsigned forms will not be accepted as a proper request and will not be acted upon. Due to confidentiality requirements, the Program is unable to release its final recommendation to you.

Name of Person Being Reported (First, M.I., Last)	Sex	Date of Birth or Approximate Age

Drivers License Number (if available)

Street Address City State Zip

The underlying medical condition or diagnosis is:

Physician Signature: _____

Phone: _____, Date: _____

☐ **Physician** ☐ **Vision Specialist** ☐ **Other**

Mail this to: DMV Medical Evaluation Program, 3112 Mail Service Center, Raleigh, NC 27699
or fax to: (919) 733-9569