

Medical Reporting and Re-Examination Request

Please read the instructions on the reverse side before completing this form.

By submission of this request, you are certifying that the information contained is based on firsthand knowledge or was obtained pursuant to an official investigation.

DRIVER INFORMATION	SECTION I			
	Driver's Name	First	Middle	Last
	Driver's License Number	Driver's Date of Birth		
	Address			
MEDICAL REPORTING	SECTION II			
	Check appropriate box(es): <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Condition <input type="checkbox"/> Vision Condition Must provide detailed statement or attach narrative report explaining the reason(s) why the condition(s) are marked above: _____ _____ _____ _____ _____ _____			Date of reported incident/accident: _____ <input type="checkbox"/> Blackout <input type="checkbox"/> Seizure <input type="checkbox"/> Attack of Unconsciousness Occurred while Driving: <input type="checkbox"/> Yes <input type="checkbox"/> No
	SECTION III			
	The reason for this request must be indicated by checking the appropriate box(es) and providing a detailed statement or narrative report explaining the reason(s) why re-examination is necessary: Traffic violation(s) _____ _____ <input type="checkbox"/> Traffic accident _____ date of accident <input type="checkbox"/> Dangerous action <input type="checkbox"/> Lack of driving skill <input type="checkbox"/> Gross lack of attention <input type="checkbox"/> Lack of knowledge of traffic laws Please provide a detailed statement or attach narrative explaining the reason(s) why a re-examination is necessary: _____ _____ _____ _____			Driver's License
			Type of vehicle requiring re-examination: <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Commercial Vehicle	
			Examination(s) required: <input type="checkbox"/> Complete (vision, written & driving tests) <input type="checkbox"/> Written Test <input type="checkbox"/> Vision Test <input type="checkbox"/> Driving Test	
REPORTING AGENCY INFORMATION	SECTION IV			
	Agency Name		Print name and title of person completing this form.	
	Agency Address		Name	
	City	State	ZIP Code	Badge #
Telephone Number ()	Fax Number ()	Signature	Date	

SEE REVERSE FOR MAILING ADDRESS AND INSTRUCTIONS

Printed by authority of the State of Illinois. May 2015 - 5M - DSD DA 16.3

**Submit report to: Secretary of State, Driver Services Dept.
License & Medical Review Section
2701 S. Dirksen Pkwy., Springfield, IL 62723
Phone: 217-782-7246 Fax: 217-785-3016**

Instructions

This form should be used to submit information to be considered as "good cause" for departmental action by the Driver Services Department as authorized under Chapter 625, Section 5/6 207 of the Illinois *Compiled Statutes* and Chapter 92 of the Illinois *Administrative Code*, Section 1030.16. Advanced age alone cannot be considered "good cause." For this form to be valid, positive driver identification must be established. By Illinois law, the information on this form is confidential and must be based on firsthand knowledge or an official investigation, which may include interviewing the driver when possible.

This form should be accompanied by supporting documentation, if available, such as an Illinois Traffic Crash Report that includes an explanation of the incident or accident.

Following are examples of instances in which this form should be used:

- An officer observes or investigates an accident and determines the accident was a result of a blackout, seizure or attack of unconsciousness. In this case, the officer should complete Sections I, II, and IV on the reverse side. Upon receipt of this report, the Medical Review Unit will immediately cancel the driver's license. (Note: The officer should not mark "blackout, seizure or attack of unconsciousness" if the individual fell asleep while driving, unless the reason he or she fell asleep was due to a medical condition, such as a sleep disorder.)
- An officer observes or investigates an accident and determines the cause of the accident was not a blackout or seizure but another type of medical condition, including a mental or vision condition, that may interfere with the safe operation of a motor vehicle. In this case, the officer should complete Sections I, II, and IV on the reverse side. Upon receipt of this report, the Medical Review Unit will request that the driver submit a medical report.
- An officer observes or investigates an accident or incident and determines the driver may lack the driving ability or knowledge of traffic laws necessary to safely operate a motor vehicle, or has displayed a lack of attention or performed a dangerous driving act. In this case, the officer should complete Sections I, III, and IV on the reverse side. Upon receipt of this report, the Special License and Re-examination Unit will order the driver to be re-examined as requested by the officer.