MVD
NEW MEXICO

NEW MEXICO TAXATION & REVENUE DEPARTMENT, MOTOR VEHICLE DIVISION

MEDICAL REPORT

Please be advised that the decision to allow an applicant to continue to retain his/her New Mexico driver's license is contingent upon the information provided in this medical report. It is imperative, and in the best interest of the applicant and the motoring public, that all questions be answered completely. This report may be reviewed by a physician or panel of physicians, who may request additional medical information. This form will become part of the applicant's record, is for confidential use of the physician, panel or division, and may not be divulged to any person or used as evidence in any trial.

ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED

Medical Advisory Board Use Only

- ❑ Approved
- ❑ Denied

Applicant Information

Applicant's Name (Last, First, Middle Initial)			Date of Birth
Mailing Address		City, State ZIP Code	
Telephone Number	E-mail Address	Social Security Number	Driver's License Number

Physician's Report

1. DISEASE or CONDITION - **Note:** a) Provide details in #5 below for **any** box checked.

❑ Neurological	❑ Cardiovascular	❑ Diabetes
❑ Psychological	❑ Dementia	❑ Hypoglycemia
❑ Epilepsy	❑ Loss of Consciousness	❑ Orthopedic/Prosthetic
❑ Other:		

2. How long have you treated this patient? | Frequency? | Date of last examination

3. Describe the nature, extent and frequency of any of the patient's symptoms, especially those that might affect the safe operation of a motor vehicle.

4. Diagnoses (list): | Treatment (medical/surgical/device):