STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES

Medical Referral Form

Our agency is committed to complying with the Americans with Disabilities Act (ADA), a federal law which makes it unlawful to discriminate against a qualified person with a disability. Medical reviews are initiated based on medical conditions or symptoms that could affect the safe operation of a motor vehicle and not the age of the driver.

Sections 322.126(2) and (3), Florida Statutes, provide, in part, that "Any physician, person, or agency having knowledge of any licensed driver's or applicant's mental or physical disability to drive . . . is authorized to report such knowledge to the Department of Highway Safety and Motor Vehicles . . .. The reports authorized by this section shall be confidential . . .. No civil or criminal action may be brought against any physician, person or agency who provides the information herein."

When reporting an individual whose driving ability is questionable due to some physical or mental deficit or disorder, please complete as much of the information listed below as possible:

Name: _____ Date of Birth: _____

Address: _____ City: _____

☐ Male ☐ Female Zip Code: _____

Driver License Number: _____ State: _____

Physical or Mental Deficit or Disorder Noted:

☐ Seizures ☐ Severe Cardiac Condition ☐ Stroke

☐ Loss of Consciousness ☐ Uncontrollable Diabetes ☐ Dementia/Memory Deficits

☐ Psychiatric Disturbance ☐ Drug/Alcohol Addiction ☐ Severe Visual Deficit

☐ Sleep Disorder ☐ Other

Please explain each area that was marked: _____

_____

_____

Please indicate how you know this individual (friend, family member, patient, etc.):_____

This individual is a patient

_____

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Please provide your information (Note: The name and signature of the reporting person is required to investigate the report.)

Name of Law Enforcement Agency or Health Care Provider (if applicable): Mackenzie Link, MD

Law Enforcement **ID/Badge #** or **Medical License #** (if applicable): ME174584

Mail this Completed Form to:
Bureau of Motorist Compliance
Medical Review Program
Neil Kirkman Building, MS 86
Tallahassee, Florida 32399-0500
Telephone No.: (850) 617-3814
Fax No.: (850) 617-3944

Name: Mackenzie Link MD

Signature: _____

Address: 8745 N Wickham Rd Melbourne, FL 32

Telephone: 321-434-9000

Date of Report: _____