

# NORTH CAROLINA DIVISION OF MOTOR VEHICLES

## REQUEST FOR DRIVER RE-EXAMINATION

This request 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 Review Unit 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 Division is unable to release its final recommendation to you.

Name of Person Being Reported	
Gender	
Date of Birth or Approximate Age	
Driver License Number (if known)	
Address	

### Section for Healthcare Professional to Complete:

Name	
Phone Number	
Address	
Underlying medical condition/diagnosis	
Signature	
Date	

Physician

Vision Specialist

Other

### Section for Concerned Citizen to Complete:

Name	
Phone Number	
Address	
Concern	
Signature	
Date	

Please mail this document to: NCDMV, Medical Review Program, 3112 Mail Service Center, Raleigh, NC 27697-3112. It may also be faxed to (919) 733-9569, Attention: Medical Review Program.