## DMV Medical Evaluation Form

## Patient Information

| Name: | John Doe |  |  |
| :--- | :--- | :--- | :--- |
| Date of Birth: | March 11, 2024 | Phone Number: | (555) 555-5555 |
| State: | California | Driver's License Number: | DL123456789 |
| Address: | 123 Main Street, Anytown, USA |  |  |

## Medical History

| Primary Diagnosis: | Diabetic Retinopathy |
| :--- | :--- |
| Date of Diagnosis: | June 15, 2018 |
| Other Relevant Medical Conditions: | Hypertension, Diabetic Neuropathy |

## Current Medications

| Name of Medication | Dosage |  |
| :---: | :--- | :--- |
| Insulin |  |  |
| Metformin | 10 units, twice daily |  |
| Losartan | 1000 mg, once daily |  |
|  | 50 mg, once daily |  |

## Functional Assessment

Vision

NormalImpaired

Notes:Diabetic Retinopathy affecting visual acuity, corrected vision with glasses is 20/80

## Hearing

- NormalImpaired

Notes:

## Mobility

- Normal 〇impaired

Notes:

## Cognition

- Norma

OImpaired

## Notes:

## Recommendations

Based on the assessment, it is recommended that the patient undergo a vision examination by an optometrist or ophthalmologist to determine if corrective measures such as updated prescription glasses are necessary for safe driving.

Considering the impaired vision and the potential impact on safe driving, it is advised that John Doe restrict his driving to daylight hours and avoid driving during adverse weather conditions such as heavy rain or fog.

A follow-up appointment is recommended in 6 months to reassess the patient's vision and overall medical condition.

## Physician's Statement

I certify that the above information is true and accurate to the best of my knowledge. I have evaluated the patient's medical condition in relation to their ability to operate a motor vehicle safely.

| Physician's Name: | Dr. Jane Smith |
| :--- | :--- |
| Physician's Signature: | Dr. Jane Smith |
| Date: | February 27,2024 |

