

CONFIDENTIAL PHYSICIAN'S REPORT

PLEASE NOTE:

According to the *Nevada Administrative Code*, the Department of Motor Vehicles **MUST** receive this report within **30 DAYS** after the date of the examination.
All fields are MANDATORY

Driver's License No. _____ Date of Birth (MM/DD/YYYY) _____

Patient's Name _____
Last First Middle

1. Diagnosis: _____

2. **In your opinion, will this medical condition affect the patient's ability to drive a vehicle safely?**

Yes* No Uncertain* ****If Yes or Uncertain, please explain:***

3. Status of Patient's Medical Condition(s)*:

Improving Stable Worsening or Deteriorating Subject to Change

****If multiple conditions exist, please describe status and prognosis.***

4. How long has this person been your patient?

_____ Years _____ Months Date of Last Examination: _____

5. Is your patient under a controlled medical program?

Yes* No

****If Yes, how long has control been maintained?*** _____ Years _____ Months

6. Is the patient adhering to the medical regimen?

Yes No*

****If No, please explain:***

7. Is the patient knowledgeable about the medical condition?

Yes No

8. Medications prescribed (please list **type** and **dosage**):

9. **Will these medications affect the patient's ability to operate a motor vehicle safely?**

Yes* No ****If Yes, please explain:***

Please complete BOTH SIDES of this form.

