

RECOMMENDATION FOR MEDICAL/DRIVER EXAMINATION	HP-640 Revised: 6/19 Effective: 1/87
Instruction Revision Date: 6/19	

SOURCE:	Patrol Headquarters / Word Template
PURPOSE AND USE:	To provide Patrol members with a standard form to recommend to North Carolina Division of Motor Vehicles, Driver's License Section, that certain drivers be re-examined due to possible medical condition.
NUMBER TO BE COMPLETED:	One (1)
DISPOSITION:	To District First Sergeant for review and approval. E-mail to Medrec@ncdot.gov , or faxed to 919-733-9560 or sent to 3112 MSC, Raleigh, NC 27697
RETENTION SCHEDULE:	None
COMPLETION:	<p>By Patrol member(s) requesting re-examination of a driver due to a potential medical condition.</p> <p>A. Driver Information</p> <ol style="list-style-type: none"> 1. Enter name of driver that you are requesting to be recommending for medical evaluation. 2. Enter driver's license number of driver being recommended for medical evaluation. 3. Enter address of driver being recommended for medical evaluation. 4. Enter driver's date of birth 5. Enter any restrictions on driver's license. 6. Enter the driver's daytime phone number. <p>B. Stop/Crash/Incident Information.</p> <ol style="list-style-type: none"> 1. Enter current date. 2. Enter current time. 3. Enter location of stop/crash/incident. 4. Check the action you have taken. 5. Enter the stop/crash/incident report number. <p>C. Reported and/or Observed Driving Behaviors</p> <ol style="list-style-type: none"> 1. Check all appropriate boxes for driving behaviors that were reported to you. 2. Check all appropriate boxes for driving behaviors that were observed by you. <p>D. Driver Conditions.</p> <ol style="list-style-type: none"> 1. Check all appropriate boxes for medical conditions you observe after the stop/crash/incident. 2. Check all appropriate boxes for physical conditions you observe after the stop/crash/incident.

	<p>E. Descriptions.</p> <ol style="list-style-type: none"> 1. Describe the stop/crash/incident. Describe as much detail as possible regarding any observations of the driver which let you to believe a report to the DMV for a medical/driver examination is needed. 2. Describe the stop/crash/incident. Describe as much detail as possible regarding any conditions of the driver which let you to believe a report to the DMV for a medical/driver examination is needed. <p>F. Officer Information.</p> <ol style="list-style-type: none"> 1. Enter the member name. 2. Enter your registration number. 3. Enter your email address. 4. Enter your Troop and District. 5. Enter your work telephone number 6. Enter your street address. 7. Enter your city 8. Enter your zip code.
NOTES:	
REQUIRED ATTACHMENTS:	
RELATED POLICY:	