

**North Carolina
State Highway Patrol**

Send email, fax, mail to:
medrec@ncdot.gov;
919-733-9569
3112 MSC, Raleigh, NC 27697

RECOMMENDATION FOR MEDICAL/DRIVER EXAMINATION

A	DRIVER INFORMATION																									
	Driver's Name (Last, First and Middle Initial):		Driver's License Number:																							
	Driver's Address:																									
	Date of Birth: (MMDDYYYY)	Restrictions on License:	Driver's Phone Number:																							
B	STOP/CRASH/INCIDENT INFORMATION																									
	Date: (MMDDYYYY)	Time: (24 Hrs.)	Location of Stop/Crash/Incident:																							
	What action was taken <input type="checkbox"/> Citation Issued <input type="checkbox"/> Written Warning <input type="checkbox"/> Crash/Incident/Stop <input type="checkbox"/> Hospitalization Other:																									
	Crash/Incident Report Number:																									
C	REPORTED AND/OR OBSERVED DRIVING BEHAVIORS																									
	<p>Check ALL appropriate boxes for driving problems that were reported and/or you observed:</p> <table border="0"> <tr> <td><input type="checkbox"/> Responding incorrectly to emergency signals/lights</td> <td><input type="checkbox"/> Failed to yield right-of-way</td> </tr> <tr> <td><input type="checkbox"/> Drifting or weaving in and out of lanes</td> <td><input type="checkbox"/> Lost control of vehicle</td> </tr> <tr> <td><input type="checkbox"/> Caused, or nearly caused a crash</td> <td><input type="checkbox"/> Struck stationary object</td> </tr> <tr> <td><input type="checkbox"/> Not reacting appropriately to other cars, pedestrians, bikers, etc</td> <td><input type="checkbox"/> Turned in front of oncoming traffic</td> </tr> <tr> <td><input type="checkbox"/> Driving on wrong side of road</td> <td><input type="checkbox"/> Driving without lights during darkness</td> </tr> <tr> <td><input type="checkbox"/> Driving on sidewalk</td> <td><input type="checkbox"/> Made turn from wrong lane</td> </tr> <tr> <td><input type="checkbox"/> Driving in wrong lane</td> <td><input type="checkbox"/> Fell asleep while driving</td> </tr> <tr> <td><input type="checkbox"/> Driving too slow, impeding traffic</td> <td><input type="checkbox"/> Violent or aggressive driving or behavior</td> </tr> <tr> <td><input type="checkbox"/> Failed to stop at red light/stop sign or failed to go on green light</td> <td><input type="checkbox"/> Unsafe/inappropriate lane change</td> </tr> <tr> <td><input type="checkbox"/> Inappropriately stopped</td> <td><input type="checkbox"/> Other observations*</td> </tr> <tr> <td><input type="checkbox"/> Not adequately controlling vehicle</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Reported as having poor driving habits or admits causing two or more chargeable crashes within past twelve (12) months.</td> <td></td> </tr> </table>			<input type="checkbox"/> Responding incorrectly to emergency signals/lights	<input type="checkbox"/> Failed to yield right-of-way	<input type="checkbox"/> Drifting or weaving in and out of lanes	<input type="checkbox"/> Lost control of vehicle	<input type="checkbox"/> Caused, or nearly caused a crash	<input type="checkbox"/> Struck stationary object	<input type="checkbox"/> Not reacting appropriately to other cars, pedestrians, bikers, etc	<input type="checkbox"/> Turned in front of oncoming traffic	<input type="checkbox"/> Driving on wrong side of road	<input type="checkbox"/> Driving without lights during darkness	<input type="checkbox"/> Driving on sidewalk	<input type="checkbox"/> Made turn from wrong lane	<input type="checkbox"/> Driving in wrong lane	<input type="checkbox"/> Fell asleep while driving	<input type="checkbox"/> Driving too slow, impeding traffic	<input type="checkbox"/> Violent or aggressive driving or behavior	<input type="checkbox"/> Failed to stop at red light/stop sign or failed to go on green light	<input type="checkbox"/> Unsafe/inappropriate lane change	<input type="checkbox"/> Inappropriately stopped	<input type="checkbox"/> Other observations*	<input type="checkbox"/> Not adequately controlling vehicle		<input type="checkbox"/> Reported as having poor driving habits or admits causing two or more chargeable crashes within past twelve (12) months.
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D	DRIVER CONDITIONS (OBSERVATIONS AFTER STOP/CRASH/INCIDENT)																									
	<p>Check ALL appropriate boxes for medical/physical conditions you observed:</p> <table border="0"> <tr> <td><input type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions</td> <td><input type="checkbox"/> Confused by traffic</td> </tr> <tr> <td><input type="checkbox"/> Reported or observed medical condition*</td> <td><input type="checkbox"/> Lost or confused while driving near home</td> </tr> <tr> <td><input type="checkbox"/> Little or no recollection of crash, stop or incident</td> <td><input type="checkbox"/> Blackout/seizure/fainting/epileptic</td> </tr> <tr> <td><input type="checkbox"/> Reported/appeared medicated</td> <td><input type="checkbox"/> Unable to orient to person, time, or place</td> </tr> <tr> <td><input type="checkbox"/> Vision condition/vision impairment</td> <td><input type="checkbox"/> Disheveled appearance/poor hygiene</td> </tr> <tr> <td><input type="checkbox"/> Difficulty walking</td> <td><input type="checkbox"/> Other observations*</td> </tr> <tr> <td><input type="checkbox"/> Weakness or coordination problems/poor physical condition</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Reported as having been a recent patient at a center or institution for alcoholism.*</td> <td></td> </tr> </table>			<input type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions	<input type="checkbox"/> Confused by traffic	<input type="checkbox"/> Reported or observed medical condition*	<input type="checkbox"/> Lost or confused while driving near home	<input type="checkbox"/> Little or no recollection of crash, stop or incident	<input type="checkbox"/> Blackout/seizure/fainting/epileptic	<input type="checkbox"/> Reported/appeared medicated	<input type="checkbox"/> Unable to orient to person, time, or place	<input type="checkbox"/> Vision condition/vision impairment	<input type="checkbox"/> Disheveled appearance/poor hygiene	<input type="checkbox"/> Difficulty walking	<input type="checkbox"/> Other observations*	<input type="checkbox"/> Weakness or coordination problems/poor physical condition		<input type="checkbox"/> Reported as having been a recent patient at a center or institution for alcoholism.*								
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E	DESCRIPTIONS- ANY NOTATIONS OF (*) ABOVE DESCRIBE BELOW																									
	Briefly describe the stop/crash/incident in as much detail as possible regarding any observations and/or conditions or statements from family, driver, etc., which let you to believe a report to the DMV for a medical/driver examination is needed.																									
F	OFFICER INFORMATION																									
	Member Name:	Registry Number:	Work Telephone Number:																							
	Troop/District:	Member Email Address:																								
	Street Address:	City:	Zip Code:																							