MEDICAL EXAMINATION REPORT

North Dakota Department of Transportation, Drivers License Division
SFN 4569 (Rev. 06-2015)

CONFIDENTIAL

Note to Health Care Provider:
Please call (701)328-4353 if you have questions.

DLN | | | | | | | | | |

This form must be mailed by the Health Care Provider to:

DRIVERS LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750 or fax to (701)328-2435

Name	Date of Birth	
Street Address	City	
Applicant's Signature (Optional)	Date	Telephone Number

This form must be completed in full. See reverse side for medical qualifications for drivers.

What is the patient's medical diagnosis? _____

_____

_____

Do you recommend follow up by the North Dakota Department of Transportation? ☐ Yes ☐ No

Follow up in: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other _____

Has this patient ever lost consciousness? ☐ Yes ☐ No

Has this patient ever had a seizure? ☐ Yes ☐ No

Give date of episode: _____

Should this be considered a single episode and not likely to recur? ☐ Yes ☐ No

Does the patient currently take anti-seizure medication to prevent seizures? ☐ Yes ☐ No

If no, when did the patient stop taking anti-seizure medication? _____

Does this patient have a diabetic condition requiring insulin for control? ☐ Yes ☐ No

If yes, give date patient was put on insulin: _____

Does the patient have a physical, medical, or mental condition which, in your opinion, would restrict or prevent the safe operation of an automobile? ☐ Yes ☐ No

Does the patient have a physical, medical, or mental condition which, in your opinion, would prevent the safe operation of a **commercial** motor vehicle such as a semi, large truck, or bus? ☐ Yes ☐ No

What are your recommendations for driving?

- ☐ No driving privileges should be granted.
- ☐ Restricted to daylight driving only.
- ☐ Restricted to a vehicle with adaptive equipment.
- ☐ Recommend written and road reexamination.
- ☐ No recommended restrictions.

Remarks:

_____

_____
Date of Report

_____
Name of Health Care Provider (Please Print)

_____
Health Care Provider's Signature

Clinic, Hospital, or Office
Address
Telephone Number

Note to Health Care Provider: Thank you for taking the time to complete this medical examination report.

Any health care provider providing professional medical advice, as requested directly by the division pursuant to NDCC 39-06-07.2 shall incur no liability for any opinion, recommendation, or advice provided. This report must be completed by a health care provider licensed, certified, or registered in North Dakota or another state.

Medical Qualifications for All Drivers (North Dakota Century Code 39-06-03)
A person does **not** qualify for driving privileges if that person has had:

(1) Convulsions, seizures, blackouts or fainting spells (must be episode free for 6 months for full privileges; must be episode free for 3 months for restricted privileges);
(2) A mental illness that has not been restored to competency for the safe operation of a motor vehicle;
(3) Habitual use of alcohol or narcotic drugs that would affect the safe operation of a motor vehicle;
(4) Loss of use of a hand, arm, foot, or leg that would affect the safe operation of a motor vehicle.

Medical Qualifications for Commercial Drivers (Code of Federal Regulations 49 CFR 391.41)
A person does **not** qualify for commercial driving privileges if that person has:

(1) Loss of a foot, leg, hand, or arm;
(2) An impairment of a hand or finger which interferes with prehension or power grasping;
(3) Impairment of an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating commercial motor vehicles;
(4) Has been diagnosed with diabetes mellitus currently requiring insulin for control;
(5) Current diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure and likely to interfere with the safe operation of a commercial motor vehicle;
(6) Diagnosed with a respiratory dysfunction likely to interfere with the safe operation of a commercial motor vehicle;
(7) Diagnosis of high blood pressure likely to interfere with the safe operation of a commercial motor vehicle;
(8) Rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with the safe operation of a commercial motor vehicle;
(9) Has been diagnosed with epilepsy;
(10) Has a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the safe operation of a commercial motor vehicle;
(11) Cannot perceive a forced whispered voice in the better ear at 5 feet with or without the use of a hearing aid;
(12) Uses a prescribed medication that will have an adverse affect on the driver's ability to safely operate a commercial motor vehicle;
(13) Has a current diagnosis of alcoholism whereby the person's physical condition has not stabilized to safely operate a commercial motor vehicle.

The current standards for insulin controlled diabetes, hearing, epilepsy, methadone use, and anti-seizure medication to prevent seizures are absolute and provide no discretion to the medical examiner.