



OKLAHOMA IGNITION INTERLOCK PROGRAM MEDICAL WAIVER REQUEST FORM

Please complete all requested information below. Any missing information may delay the medical waiver review process or result in denial. Pursuant to Oklahoma State Law, a medical waiver may be granted by the Board in its sole discretion when consistent with applicable statutes and regulations.

Requester's Name:			
Date of Birth:	DL State:	DL Number:	
Phone Number(s):			
Current Mailing Address:			
City:	State:	Zip Code:	

PULMONOLOGIST SECTION

Dear sir or madam,

The above patient is requesting a medical waiver from participating in the state's mandatory ignition interlock program.

State law authorizes a medical waiver if the person provides a signed letter from a licensed pulmonologist specifically stating their medical opinion concludes that the person is unable to provide one continuous breath sample of at least one and two-tenths (1.2) Liters due to diminished lung capacity or other medical condition. **If this is your professional opinion, please state so by signing and dating this form.**

Pursuant to Title 12 O.S. Section 426:

"I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct."

Signature: _____ Date: _____

Pulmonologist Name: _____

Operating Address: _____

Oklahoma State Board of Medical Licensure and Supervision Lic#: _____