



Department of Public Safety
Medical Standards Section

Request for Driver Review

I believe the below-named individual can no longer safely operate a motor vehicle and I am requesting he or she provide evidence to the Department of Public Safety to the contrary.

Driver Information

Last Name		First Name		Middle Name
Mailing Address				
City		ST	Zip	
Date of Birth			Driver License Number	

Based upon my observations of the above-named individual, I believe this individual should be reviewed and/or be required, at a minimum, to complete the following:

- Medical Examination Vision Examination
 Driver License Written Exam Driving Skills Exam

Please describe in detail the circumstances that led to this request, your observations of the person's **medical and/or visual condition**, and the reason or reasons you believe would prevent this person from safely operating a motor vehicle. (Please use the back of this form or additional pages, if necessary.)

If the medical condition has been diagnosed by a physician, please check the appropriate diagnosis.

- Paralysis Multiple Sclerosis Traumatic Brain Injury Amputation(s) Visual Loss
 Psychiatric Seizures Stroke Parkinson Dementia
 Neurological

Reporting Party's Information

I am a
 Law Enforcement Officer Licensed Health Care Professional Judge Private Citizen Relative of Driver
 Other _____

Full Name				
Mailing Address				
City		ST	Zip	

Notice: I understand that by signing and submitting this form, the above-referenced individual's ability to operate a motor vehicle may be reviewed by the Department pursuant to 47 O.S. §§ 6-207 and 6-119, and OAC 260:135-5-7.

Notice: The Department cannot guarantee that the Reporting Party will remain anonymous throughout any review process which may be initiated as a result of making this request.

Reporting Party Signature

Date

Mail the completed form to:
 Medical Standards Section
 Department of Public Safety
 PO Box 53004
 Oklahoma City, OK 73152-9998
 Fax: 405-497-7035

If you have any questions, you may email the Medical Standards Section of the Department of Public Safety at medicaldesk@dps.ok.gov. Please allow 2 business days for a response. You may also call the Medical Standards Section at 405-425-2148.