



WYOMING DEPARTMENT OF TRANSPORTATION

Driver Services
5300 Bishop Blvd
Cheyenne, WY 82009-3340
Phone: (307) 777-4800 Fax: 777-4817

DRIVER MEDICAL EVALUATION

NAME (Printed) DATE OF BIRTH DRIVER LICENSE # MAILING ADDRESS CITY STATE ZIP

Commercial Driver License

I hereby authorize my physician or hospital to answer any questions from the Department of Transportation, Driver Services program, or its employees relating to my physical or mental condition...

I hereby authorize the Department of Transportation, Driver Services program, to receive any information relating to my physical or mental condition and to use the same in determining whether I have the ability to safely operate a motor vehicle.

Signed: X Date:

DOCTOR: Your experience and knowledge of the patient's condition, results of medical examinations, and treatment plans will be of great value in assisting Driver Services to make a determination for proper licensing. PLEASE ANSWER ALL QUESTIONS THAT ARE APPLICABLE TO YOUR PATIENT'S CONDITION. Wyoming Statute 31-7-123 gives the department the authority to cancel a person's driver's license and/or deny a driver's license to a person who has a medical condition that in the opinion of their treating physician results in the patient's inability to safely operate a motor vehicle. The information contained in this report is CONFIDENTIAL and will be used to determine eligibility/restrictions for licensing.

This form may be completed & signed by the: Physician, Physician's Assistant or Advanced Practical Registered Nurse treating the patient.

(Type or Print Legibly) (For acceptance, patient's last examination must have been within the previous 3 months)

1. How long has this person been your patient? Date of last examination:(must be within previous 3 months)

2. DIAGNOSIS: How long has the condition(s) existed?

Principle symptoms/limitations:

If patient has Epilepsy, Seizures, or a Seizure Disorder:

Loss of consciousness Loss of muscular/physical control Date of last episode: Diurnal Nocturnal

If patient has Diabetes:

Insulin Dependent Non-Insulin Dependent Additional Information:

3. MEDICATION:

- Patient's condition can be treated by medication; and has been medically controlled for at least three (3) months.
Patient's condition cannot be controlled by medication; however, patient has been stable for at least three (3)months.
Patient's condition is being evaluated for an effective medication regimen at this time.
Patient is not compliant with their medication regimen and should not be operating a motor vehicle at this time.

