



State of Maine
Bureau of Motor Vehicles

DRIVER MEDICAL EVALUATION

Bath Campus

THIS SECTION TO BE COMPLETED BY DRIVER (Please print) FOR QUESTIONS call (207)624-9000, ext. 52124

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ License/History Number \_\_\_\_\_
Telephone \_\_\_\_\_

INFORMATION BELOW TO BE COMPLETED BY APPROPRIATE MEDICAL OR PARAMEDICAL PROFESSIONAL

- 1. Reason for Report: To provide information to the Secretary of State regarding a possible physical, emotional or mental condition which could affect the driver's ability to safely operate a motor vehicle.
2. A Clinician Acting In Good Faith Is Immune from damages claimed as a result of filing a Driver Medical Evaluation pursuant to 29-A MRSA Section 1258 (6).
3. Please Refer To Functional Ability Profiles (FAP) to assist you in completing this form.
4. If You Have Any Questions please call the Bureau of Motor Vehicles, Medical Section, at (207)624-9000, ext. 52124, or access the website;

DIAGNOSIS

THIS SECTION MUST BE COMPLETED - PLEASE PRINT OR TYPE

FAP PROFILE LEVEL

CHECK ONE BOX PER DIAGNOSIS

Table with 5 columns: 1, 2, 3A, 3B, 3C. Each column has a checkbox for diagnosis entry.

NOTE: For any Alteration/Loss of Consciousness, Seizure, Stroke, or Hypoglycemia episode requiring 3rd party intervention, please give date(s) and describe most recent episode(s)

For Chronic Respiratory Disease, please provide oxygen saturation and indicate if measured while using oxygen or not. O2 Saturation On room air On oxygen

For Hypoglycemia profile level 3b, please check appropriate sub-category. 3b.i. 3b.ii.

For Prescription Medications and/or Opioid Replacement Therapy and patient meets criteria for profile level 3c, please check appropriate profile level sub-category. 3c.i. 3c.ii.

For Substance Abuse profile level 3b, please document how long the patient has been substance free.

CLINICIAN COMMENTS

(Please document if you are recommending restrictions, road test, or suspension of license, and describe deficits or impairments with potential to affect safe driving. Attach additional documentation if needed.)

Please proceed to next page...

MD-FR-24 (CR-24) Rev 05/01/23

MEDICATIONS currently prescribed: (may attach med list)

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**Reliability in taking medications**

Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Unknown \_\_\_\_\_ No medication prescribed

Has patient reported or demonstrated any side effects from current medication(s) which would interfere with safe operation of a motor vehicle? \_\_\_ NO \_\_\_ YES, please describe \_\_\_\_\_

**CERTIFICATE OF EXAMINATION (May be submitted without the patient signature)**

Being duly licensed to practice in the state of \_\_\_\_\_ I hereby certify that I have examined this applicant.

\_\_\_\_\_  
(Clinician's signature)

\_\_\_\_\_  
(Degree & Specialty)

\_\_\_\_\_  
(Clinician's name printed or typed)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Office phone number)

\_\_\_\_\_  
(Office fax number)

\_\_\_\_\_  
**PROVIDE DATE OF LAST ASSESSMENT**

(Must be within past 12 months or as specified by BMV)

\_\_\_\_\_  
(Signature Date)

**Reply to:** Bureau of Motor Vehicles, Medical Section  
29 State House Station  
Augusta, Maine 04333-0029  
Telephone: (207)624-9000 ext. 52124  
E-mail: [medical.bmv@maine.gov](mailto:medical.bmv@maine.gov)  
Fax: (207) 624-9319

**For assistance or to get a copy of the Functional Ability Profile rules, please go to:**

<http://www.maine.gov/sos/bmv/licenses/medical.html> or  
Call the Medical Section at (207)624-9000, 52124.

**DRIVER AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize the release of my medical history by \_\_\_\_\_ to the Secretary of State, Bureau of Motor Vehicles. I understand that this information may be shared with any qualified health care professional submitting information pertaining to the disclosed medical history for the purpose of determining my eligibility for a driver's license.

**PATIENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**FOR QUESTIONS OR CONCERNS, call (207)624-9000, ext. 52124, or access the website:**

<http://www.maine.gov/sos/bmv/licenses/medical.html>

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Veterans please visit the Bureau of Veterans' Services website at <http://www.maine.gov/veterans> for information on state and federal benefits your military service may have earned you.



**State of Maine**  
**Bureau of Motor Vehicles**  
**Narcolepsy/Cataplexy Addendum**

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**Name:**

**Date of Birth:**

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1. Type of treatment:
2. Effectiveness of treatment:
3. Adherence to treatment:
4. Epworth Sleepiness Scale score:
5. Cataplexy:    \_\_\_ Yes            \_\_\_ No
  - a. Date of last event:
  - b. Frequency of cataplexy episodes:
  - c. Is cataplexy predictable? \_\_\_ Yes            \_\_\_ No
  - d. Describe cataplexy triggers:
  - e. Description of cataplexy circumstances and symptoms:

**Signature:**

**Date:**

**Fax to:** Bureau of Motor Vehicles, Medical Section, (207) 624-9319

**For questions, call:** (207) 624-9000, Ext. 52124

**THANK YOU!**