

INSTRUCTIONS TO HEALTH CARE PROVIDER

1. Please complete the first page with your findings and recommendations. Attach any additional information, including test results and chart notes, that will assist the State Health Officer in determining a patient's ability to safely operate a motor vehicle.
2. **FAX or mail** medical information and completed forms on the patient to:

DMV - DRIVER SAFETY UNIT
1905 LANA AVE NE
SALEM, OR 97314-4120

Phone: (503) 945-5083
TTY: (503) 945-5001
FAX: **(503) 945-5329**

Submission of this Mandatory Impairment Referral form is in compliance with HIPAA regulations for the release of medical information.

IMPAIRMENT DEFINITIONS

The definitions listed below are to be used by physicians and health care providers as an aid to correctly identify the impairment listed on the front of this form. The definitions apply to those impairments that are documented as severe and uncontrollable, **and** not correctable by medication, therapy and/or surgery, **and** not correctable by driving device and/or technique.

PERIPHERAL SENSATION OF EXTREMITIES (Including but not limited to):

- Tingling and numbness and loss of position sense in extremities affecting the ability to feel, grasp, manipulate or release objects or use foot controls effectively.

STRENGTH (Including but not limited to):

- The inability to consistently maintain a firm grip on objects.
- The inability to apply consistent pressure to objects with legs and feet.
- Weakness or paralysis of muscles affecting the ability to maintain sitting balance.
- Weakness or paralysis in extremities affecting the ability to feel, grasp, manipulate or release objects or use foot controls effectively.

FLEXIBILITY (Including but not limited to):

- Rigidity and/or limited range of mobility in neck, torso, arms, legs or joints.

MOTOR PLANNING AND COORDINATION (Including but not limited to):

- Difficulty and slowness in initiating movement.
- Vertigo, dizziness, loss of balance or other motor planning conditions.
- Involuntary muscle movements.
- Loss of muscle control.

ATTENTION (Including but not limited to):

- Decreased awareness.
- Reduction in ability to efficiently switch attention between multiple objects.
- Reduced processing speed.

JUDGMENT AND PROBLEM SOLVING (Including but not limited to):

- Reduced processing speed.
- An inability to understand a cause and effect relationship.
- A deficit in decision-making ability.

REACTION TIME (Including but not limited to):

- A delayed reaction time.

PLANNING AND SEQUENCING (Including but not limited to):

- A deficit in the ability to anticipate and/or react to changes in the environment.
- Problems with sequencing activities.

IMPULSIVITY (including but not limited to):

- Lack of emotional control.
- Lack of decision-making skills.

VISUOSPATIAL (Including but not limited to):

- Problems determining spatial relationships.

MEMORY (Including but not limited to):

- Problems with confusion and/or memory loss.
- A decreased working memory capacity.

LOSS OF CONSCIOUSNESS OR CONTROL

For Official Use Only – DMV

Ref#: _____ Action: _____

Date: _____ MV#: _____

CERTIFICATE OF MEDICAL ELIGIBILITY FOR TESTING AND DETERMINATION (OFFICIAL USE ONLY - STATE HEALTH OFFICER)

BASED UPON THE ABOVE MEDICAL INFORMATION AND DMV'S MEDICAL CASE FILE, THE UNDERSIGNED REPRESENTATIVE OF THE STATE HEALTH OFFICER DETERMINES THAT THE ABOVE NAMED PATIENT SHOULD:

- Remain suspended, until successful completion of DMV tests.
- Remain suspended, until entered and participating in an alcohol or substance abuse control program and successful completion of DMV tests.
- Remain suspended, no DMV tests allowed.
- Reinstate driving privileges if otherwise qualified; no medical basis for an immediate suspension.

If applicable:

- Require medical re-certification in:
 - 6 months
 - 1 year
 - 2 years

SIGNATURE OF STATE HEALTH OFFICER OR CONTRACT DESIGNEE

DATE

X