



Request for Medical Evaluation

Medical Affairs • Fax: 857-368-0018

Email: MassDOTmedicalaffairsbureau@dot.state.ma.us

This form is used to report a person you believe is no longer physically or medically capable of operating a motor vehicle safely. Please provide as much information as possible. It must be submitted by fax or email to Medical Affairs. If it can't be faxed or emailed, visit Mass.Gov/RMV to get the mailing address for Medical Affairs.

A. Driver Information (Required)

Last Name		First Name	Middle Name	Suffix
Driver's License # OR Social Security Number			Date of Birth (MM/DD/YYYY)	
Current Address				
Street	City	State	Zip Code	

Please briefly describe reason for concern (Required):

By signing this form, I swear (affirm), under the penalties of perjury, that the information I have provided is true and correct.

Name (Please print): _____ Date: _____

Certifying Signature: _____ Phone: _____

B. For Law Enforcement or Health Care Provider Only (If not law enforcement or a health care provider, leave blank)

Please check one of the following categories:

I hereby certify that in my professional opinion and to a reasonable degree of certainty,

- The person named above in NOT medically qualified to operate a motor vehicle safely.
- I am unable to determine driving ability and I recommend the person undergo a competency road examination.
- The person may require adaptive equipment and/or an assessment for appropriate license restrictions via a competency road examination.

Please complete applicable areas:

Name (Please print): _____ Date _____

Certifying Signature: _____ Phone: _____

Profession/Title (e.g. Law Enforcement or Health Care Provider)	Place of Employment (e.g. Saugus Police Dept. or Boston Medical Center)
Medical Professionals, please provide Board of Registration Number Law Enforcement, please provide Badge Number	Law Enforcement Professionals: Was the driver cited by you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Citation Number: _____

Health Care Provider Definition: A registered nurse, licensed practical nurse, physician, physician's assistant, psychologist, occupational therapist, optometrist, ophthalmologist, osteopath, physical therapist, or podiatrist who is a licensed health care provider under the provisions of M.G.L., Chapter 112.