



Georgia Department of Driver Services Request for Medical Review

INSTRUCTIONS:

- 1) Please fill out this form, if you would like the Department of Driver Services (DDS) to perform a Medical Review to assess the individual's capacity to drive safely.
- 2) Mail or Fax your completed request to: Georgia Department of Driver Services/ Medical Review Unit/ P.O. Box 80447/Conyers, Georgia 30013. Fax number: (770-918-6266).

DRIVER INFORMATION	
DRIVER NAME: (first, middle, last)	BIRTHDATE :(mm/dd/yyyy)
DRIVER LICENSE NUMBER:	TELEPHONE NUMBER:
RESIDENCE/HOME ADDRESS	CITY/ STATE/ ZIP CODE
MAILING ADDRESS (if different from above address)	CITY/STATE/ZIP CODE

The DDS will evaluate medical history, physical health, and any other factors that could impact the ability to safely operate a motor vehicle. It's important to mention that age alone cannot be a determining factor.
Please note that, due to confidentiality, the DDS cannot share a final determination with you.

LAW ENFORCEMENT	
NAME:	TELEPHONE NUMBER:
AGENCY NAME:	MAILING ADDRESS:
CONCERN:	

Please include all related crash or incident reports

MEDICAL PROFESSIONAL	
NAME:	TELEPHONE NUMBER:
PROFESSION: MEDICAL: VISION: OTHER:	MAILING ADDRESS:
UNDERLYING MEDICAL CONDITION OR DIAGNOSIS:	

CONCERNED CITIZEN	
NAME:	TELEPHONE NUMBER:
RELATIONSHIP TO DRIVER:	MAILING ADDRESS
CONCERN:	

Anonymous requests will not be considered

Based on my observation and/or knowledge, I certify or declare under penalty of perjury under the laws of the State of Georgia that the information provided is true and correct and is in the interest of public safety.

Signature:

Date: