

# Georgia Department of Driver Services

## Request for Driver Review

### INSTRUCTIONS:

1) Complete this form if you wish for the Department of Driver Services (DDS) to review a driver's ability to drive safely.

3) Mail or Fax your completed request to: Georgia Department of Driver Services  
Medical Review Unit P.O. Box 80447 Conyers, GA 30013 Fax to (770) 344-3629

### DRIVER INFORMATION

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

### DRIVER CONDITION

*Check appropriate boxes. Please use the space next to the condition to explain specifics (physical or mental) condition, such as the name of disease or illness and include any medications taken, etc.*

Medical Condition	Confused/ Disoriented
Physical Condition	Alcohol/ Drug Use (Explain)
Mental/Emotional Condition	Blackouts/ Faint Spells (Date of last occurrence)
Vision condition	Seizures (Date of last occurrence)
Weakness/ Coordination Problems	Difficulty Walking

### DRIVER BEHAVIOR

*Check appropriate boxes. Please use the space next to the condition to explain specifics. Please include any traffic violations or traffic crash reports.*

Drives on Wrong Side of road	Drives on sidewalk
Drives too slowly or stops for no reason	Allows car to drift in and out of lane
Appears to be confused by traffic	Turns in front of on-coming cars
Gets lost or confused while driving near home	Backs up and change lanes without checking mirrors or looking
Fails to react to traffic signals, other cars, or pedestrians	Applies brake and gas pedals at the same time

### REQUESTER INFORMATION

*For DDS to consider, all information must be completed. Anonymous reports will not be considered. Confidentiality will be honored as much as possible.*

Requester Name (Print)		Daytime Telephone Number	
Relationship:			
Relative: Explain	Law Enforcement	Caregiver	Medical/Vision Specialist      Other: Explain
Mailing address	City	State	Zip Code
I certify (or declare) under penalty of perjury under the laws of the state of Georgia that the information I have provided is true and correct.		Date (mm/dd/yyyy)	
Signature:			