



Application for Placement of Medical/Disability Information on License/Permit/Identification Card

SECTION I – APPLICANT INFORMATION

Applicant's Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I waive liability for the release of any medical information to the Georgia Department of Driver Services (DDS), any person who is eligible under O.C.G.A. § 40-5-2 for access to such medical information as recorded on my driving record, and any other person who may view or receive notice of such medical information by virtue of having seen my driver's license, permit, or identification card. I consent to the release of such medical information to anyone who sees or copies my driver's license, permit, or identification card even if such person is otherwise ineligible to access such medical information under state and/or federal law.

Signature of Applicant or Court Appointed Guardian

Date

If the customer is a child under the age of eighteen (18), consent for the printing of medical alert information shall be provided by the parent or guardian of the child when he or she signs the application for the driver's license, permit, or identification card as required by O.C.G.A. § 40-5-26.

Signature of Parent or Guardian

Date

SECTION II – DISABILITY SYMBOL AND SEATING/TRANSPORTATION INDICATORS

1. Does the above-named individual have a disability as defined by O.C.G.A. §40-5-170(1)?

☐ Yes ☐ No

2. Please indicate if a Transportation and/or Seating indicator is needed on the DDS document (license, permit, or identification card) for the above-named individual (available only if "YES" is indicated in question #1).

☐ Transportation ☐ Seating

SECTION III – MEDICAL CONDITIONS

1. Please select up to a maximum of seven (7) of the conditions listed below which apply to the customer (this information will be placed on the back of the document issued by DDS at the request of the customer).

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Vision Loss | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Alzheimer's or Dementia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Autism | <input type="checkbox"/> Mental Health Disability |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Renal Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Speech Impediment | |

SECTION IV – Must be completed by a Licensed Medical Doctor if any items selected in Section II OR III are requested because of a disability or medical condition that is not obvious.

Printed Name of Medical Doctor: _____

Doctor's Medical License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Licensed Medical Doctor: _____ Date: _____

SEE REVERSE SIDE FOR INSTRUCTIONS AND DEFINITIONS



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INSTRUCTIONS

This application is used to document the need to have a disability symbol and/or Seating/Transportation indicator(s) placed on documents issued by the Georgia Department of Driver Services to a customer who has a disability as defined by O.C.G.A. §40-5-170(1). This application is also used to document the need to have urgent medical information placed on the back of documents.

- Eligibility for placement of the information listed above must be confirmed by a medical doctor in Section IV unless the disability is obvious.
- If the disability or medical condition is obvious, verification from a medical doctor in Section IV is not required.
- Medical conditions may be abbreviated on actual documents.
- If Seating and/or Transportation indicators are placed on the front of the documents, the documents must also include the disability symbol on the front of the documents.
- A customer can have medical conditions placed on the back of documents even if the answer to question #1 in Section 2 is “No”.
- In all circumstances, the customer will decide what information should be placed on the document.
- To qualify for the issuance of a temporary disability credential, a customer must present an affidavit from at least one medical doctor. The affidavit must attest to such disability, and it must also estimate the duration of the disability.
- The temporary disability card shall be issued for a period of six months.

The process for completion of the form is as follows:

1. Section I must be completed by the customer.
2. Section II may be completed by the customer or a medical doctor.
3. Section III may be completed by the customer or a medical doctor.
4. If any item selected in Section II or Section III is requested because of a disability or medical condition that is not obvious, a medical doctor must complete Section IV. The customer provides the form to the medical doctor.
5. If needed, the medical doctor completes Section IV of the form and returns the completed form to the customer.
6. The customer presents the form at a DDS office when applying for a document.

DEFINITIONS

- ❖ **Document** - A license, permit, or identification card issued by Georgia DDS.
- ❖ **Permanent Disability** - Any disability which is permanent in nature, or which is expected to continue for a period of at least five years. O.C.G.A. § 40-5-170(3)
- ❖ **Temporary Disability** - Any disability which is expected to continue for at least six months but less than five years. O.C.G.A. § 40-5-170(5)
- ❖ **PTSD** - Post-Traumatic Stress Disorder
- ❖ **Seating Indicator** - A box on the front of the document that is marked with an “X”, followed by the word “Seating”. The Seating Indicator is available for customers who have a need for disability seating accommodations.
- ❖ **Transportation Indicator** - A box on the front of the document that is marked with an “X”, followed by the word “Transportation”. The Transportation Indicator is available for customers who have a need for disability accommodations when utilizing public or commercial transportation.

FOR DEPARTMENTAL USE ONLY

Examiner Observations/Notations: