

NEW JERSEY DIVISION OF MOTOR VEHICLES PHYSICIAN'S REPORT  
BUREAU OF DRIVER CONTROL  
CN 134

Trenton, New Jersey 08666-0134

Tel: (609) ~~982-2229~~ 1-900-Dmv-3333

PLEASE PRINT OR TYPE

PATIENT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET CITY STATE

DATE OF BIRTH \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_ SEX \_\_\_\_\_  
(MONTH, DAY, YEAR)

DRIVER LICENSE NUMBER \_\_\_\_\_  
(PLEASE COPY FROM PATIENT'S DRIVER LICENSE)

HISTORY:

Date of Onset \_\_\_\_\_

Frequency during past year \_\_\_\_\_

Date of last occurrence \_\_\_\_\_

Electroencephalogram Performed?  Yes  No

Date \_\_\_\_\_ Place \_\_\_\_\_  
INSTITUTION LOCATION

Results \_\_\_\_\_

Read by \_\_\_\_\_

Classification:

- Grand mal
- Focal
- Convulsions (other)
- Petit mal
- Psychomotor
- Unconsciousness (other)

Controlled by Medication?  Yes  No

IN YOUR OPINION, SHOULD THE PATIENT HAVE A DRIVER LICENSE?  Yes  No

Others Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REPORTED BY: PHYSICIAN  HOSPITAL  CLINIC

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ M.D.

DATE \_\_\_\_\_ SPECIALTY \_\_\_\_\_

**NJSA 39:3-10.4 provides** ----- Each physician treating any person 16 years of age or older for recurrent convulsive seizures or for recurrent periods of unconsciousness or for impairment or loss of motor coordination due to conditions such as, but not limited to, epilepsy in any of its forms, when such conditions persist or recur despite medical treatments, shall, within 24 hours after his determination of such fact, report the same to the Director of the Division of Motor Vehicles.