DL-13 (4-93)

DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING

INITIAL REPORTING FORM

(Print or Type Requested Information)

FOR BUREAU USE ONLY
Date Received ____________
Driver # ____________
Reference ____________

DEAR PROVIDER: Although the Department seeks your judgement about your patient's medical fitness to safely operate a motor vehicle, the decision about your patient's driver's license is a responsibility of the Department's Bureau of Driver Licensing which must also take into account other considerations. Please complete Sections A, B, C, and D.

SECTION A:

PATIENT INFORMATION			DATE OF BIRTH		
LAST NAME	FIRST NAME	MIDDLE NAME	MONTH	DAY	YEAR
ADDRESS					

DATE OF EXAMINATION: ____________

SECTION B:

DIAGNOSIS OF DISORDER OR DISABILITY:

Please Check (✔) appropriate items

- ❑ Loss or Impairment of a Foot, Leg, Finger, Thumbs, or Hand. - Condition: ____________
- ❑ Unstable Diabetes
- ❑ Cerebral Vascular Disease
- ❑ Cardiovascular Disease
- ❑ Loss of Consciousness - Cause: ____________
- ❑ Neurological Disorder
- ❑ Mental Deficiency or Marked Mental Retardation
- ❑ Mental or Emotional Disorder
- ❑ Alcohol Abuse
- ❑ Drug or Controlled Substance Abuse
- ❑ Vision Deficiency
- ❑ Other Medical Condition which would interfere with the patient's ability to drive. - Explain: ____________
- ❑ Comments: ____________

Do these conditions affect the patient's ability, from a medical standpoint only, to safely operate a motor vehicle? ❑ YES ❑ NO

SECTION C:

Seizure Disorder: ❑ YES ❑ NO Date of Last Seizure: ____________

Does the patient meet any of the Department's waiver requirements? ❑ YES ❑ NO

If yes, please explain ____________

SECTION D: ALL INFORMATION IS CONFIDENTIAL AS PROVIDED IN THE PA VEHICLE CODE, SECTION 1518(3)

PROVIDER'S NAME ____________ PLEASE PRINT	X ____________ SIGNATURE OF PROVIDER
CLASSIFICATION OR SPECIALITY	PROVIDER'S ADDRESS
STATE PHYSICIAN LICENSE NUMBER	OFFICE PHONE ( )

Return this form to:

BUREAU OF DRIVER LICENSING • DRIVER QUALIFICATIONS SECTION • P.O. BOX 68682 • HARRISBURG, PA 17106-8682

If Additional Information Is Required, Please Feel Free to Contact (717) 787-9662