

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING PROGRAM**

MEDICAL STATEMENT

Name of Applicant _____ DL# _____

Address _____ Birthdate _____

Permission is hereby granted for the release of the medical data below, and other medical history applicable in my case, to the South Dakota Department of Public Safety, Driver Licensing Program. I certify that I am currently under the care of a physician and I continue to take all medications prescribed.

I declare and affirm, under the penalties of perjury, that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects any license issued to immediate cancellation.

Applicant's Signature _____ Date _____

MEDICAL HISTORY FORM (this portion must be completed by your physician):

****Leave no blanks****

Has the patient had episodes of altered states of consciousness (epileptic or narcoleptic episodes or **any other** convulsions, seizures, or blackouts)? Yes _____ No _____ If yes, to your knowledge, is patient on therapeutic levels and compliant with taking prescribed medication? Yes _____ No _____
If yes, to your knowledge are the episodes under control? Yes _____ No _____

Indicate the number of months the patient has been episode free. _____

Does patient have any physical, neurological, or mental illness which, to your knowledge, would prevent him/her from safely operating a motor vehicle? Yes _____ No _____

Are you the applicant's primary healthcare provider? Yes _____ No _____

How long have you been advising applicant on their healthcare? _____

Please provide any additional comments/information that would assist in determining whether the patient can safely drive.

Comments: _____

Physician's Name (please print legibly) _____

Physician's Address (please print legibly) _____

Physician's Phone Number _____

Physician's Signature _____ Date _____

Return completed form to: Department of Public Safety, Driver Licensing Office, 118 W. Capitol Avenue, Pierre SD 57501 or fax to (605) 773-3018.