

## LETTER OF CONCERN

Division of Vehicles

Medical/Vision Unit

Click this website link to open the [Vehicles Page](#).

This form may be used to request an evaluation of a Kansas driver. You must complete all fields and choose which issues you believe may affect the driver’s ability to safely operate a motor vehicle. The information you provide will be kept confidential. Upon receipt of this evaluation request, the driver in question will receive medical and vision forms, to have completed by their doctor(s) that are familiar with their condition(s), from exams which have occurred within the last ninety (90) days. If this office receives approval from the medical community, the driver will be required to take and pass a driving test at their local full service exam station for continuation of Kansas driving privileges.

<b>Name of Driver (First, M.I., Last):</b>	<b>Date of Birth (mm/dd/yyyy):</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Driver’s License Number:</b>	<b>Vehicle Tag Number (if available):</b>

I am concerned that this driver has one or more of the following conditions that may affect their ability to safely operate a motor vehicle:

Check	Specify Condition	Check	Specify Condition
<input type="checkbox"/>	Medical:	<input type="checkbox"/>	Confused/Disoriented
<input type="checkbox"/>	Physical:	<input type="checkbox"/>	Neurological Diagnosis:
<input type="checkbox"/>	Mental:	<input type="checkbox"/>	Blackout/Seizure/Syncope Event
<input type="checkbox"/>	Vision:	<input type="checkbox"/>	Weakness/Coordination Problems
<input type="checkbox"/>	Difficulty Walking	<input type="checkbox"/>	Other:

Driver’s behavior/issue(s) I observed. (Please check those that apply).

Check	Specify Condition	Check	Specify Condition
<input type="checkbox"/>	Does not see/react to other cars, pedestrians etc.	<input type="checkbox"/>	Turns in front of on-coming traffic
<input type="checkbox"/>	Drives in wrong lane	<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Drives on wrong side of the road	<input type="checkbox"/>	Blackout/Seizure/Syncope Event
<input type="checkbox"/>	Drives too slow, or stops, for no reason	<input type="checkbox"/>	Exhibits confused behavior when stopped
<input type="checkbox"/>	Is confused by traffic signs or signals	<input type="checkbox"/>	Fails to react to traffic signals, other cars, etc.
<input type="checkbox"/>	Turns from or into the wrong lane	<input type="checkbox"/>	Applies brake and gas pedals at the same time
<input type="checkbox"/>	Slow reactions that may be caused by medication	<input type="checkbox"/>	Unaware of his/her surroundings or lost
<input type="checkbox"/>	Difficulty steering, braking, or controlling the car	<input type="checkbox"/>	Difficulty staying awake

You may use the field below to further describe the driver's condition(s) or action(s) which lead you to believe this driver should be evaluated by the Medical/Vision unit.

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Knowledge of this driver is based on observation as a: (Please check and complete additional information)

<input type="checkbox"/> <b>Law Enforcement Officer</b>	<b>Agency:</b>	<b>Badge Number</b>
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Check here if there was an accident and the driver was at fault.

<input type="checkbox"/> <b>Medical / Vision Physician</b>	<b>Physician License Number:</b>
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<input type="checkbox"/> <b>Concerned Citizen</b>	<input type="checkbox"/> <b>Family Member</b>	<input type="checkbox"/> <b>Other:</b>
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**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

The request for an evaluation may be faxed or mailed to the **Medical / Vision Unit:**

Fax Number: **(785) 296-5857**  
Mailing Address: **Division of Vehicles**  
**Medical / Vision Unit**  
**PO Box 2188**  
**Topeka, KS 66601-2188**