



Loss of Consciousness or Voluntary Control

Please carefully read the instructions before completing this form.

DRIVER COMPLETES THIS SECTION (PRINT OR TYPE)

_____-_____-_____-_____-_____ Date of Birth (mm/dd/yy)

Driver's License Number

_____-_____-_____ First Name Middle Name Last Name

Date of last episode of lost consciousness or voluntary control: _____
 Date (mm/dd/yy)

I certify that since this episode(s), I have been episode-free.

X _____ Date (mm/dd/yy)

Driver Signature

PHYSICIAN MUST COMPLETE THIS SECTION

Note to Reporting Physician: Your report is advisory. Driver and Vehicle Services is responsible for determining eligibility to drive. In accordance with the provision of Minn. Stat. 171.131, a physician is immune from liability as a result of reporting to DVS any physical or mental condition that significantly impairs a person's ability to safely operate a motor vehicle.

1. Number of examinations given (or) length of time under my care: _____
2. Diagnosis: _____ Date of first episode (mm/dd/yy) _____
3. Is the patient cooperating with treatment? Yes No
 Long-term prognosis _____
 Short-term prognosis _____
4. Is the patient qualified, in all medical respects, to exercise reasonable and proper control over a motor vehicle? Yes No
5. The patient should be required to submit this form every: (*check one*) 4 years 3 years 2 years 1 year 6 months
 NOTE: A 6-month or 1-year review is required until episode-free for four years on medication. Leaving this question blank results in a 4-year review, if eligible.

X _____ Date (mm/dd/yy)

Signature of Medical Physician

Printed name: _____ Phone: (INCLUDE AREA CODE) _____

Address: _____

INSTRUCTIONS

- **Mail the completed form to:**
Driver and Vehicle Services, Driver Evaluation Unit, 445 Minnesota Street, St. Paul, Minnesota 55101-5170
Or fax to: (651) 282-2463
 - **If you have questions or need additional information:**
please contact DVS at (651) 296-2025, (651) 282-6555 (TTY) or email: dvs.driverslicense@state.mn.us
 - This form is used to determine your eligibility for Minnesota driving privileges. Your verified statement on this form, plus a report from your doctor, is collected by the authority of Minnesota Statute 171.13 and will be used only by authorized Driver and Vehicle Services division personnel.
 - Your doctor will need to express an opinion regarding your present physical condition as it pertains to your safe operation of a motor vehicle upon the streets and highways.
 - Loss of consciousness or voluntary control means the inability to assume and retain upright posture without support, or the inability to respond rationally to external stimuli.
 - Failure to provide and return the requested data in 30 days will result in the denial of your license request and cancelation of your driving privileges.
 - Additional waivers are required for commercial driving privileges.
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MINNESOTA RULE 7410.2500 - LOSS OF CONSCIOUSNESS OR VOLUNTARY CONTROL

Subp. 2.

Reports required.

A person shall report an episode of loss of consciousness or voluntary control, in writing, to the department:

- A. at the time of applying for a driver's license, if an applicant has experienced an episode; or
- B. within 30 days after the episode, if a driver experiences an episode.

Each report must specify the date of the episode and must be accompanied by a physician's statement in a form prescribed by the commissioner.

Subp. 5.

Review of driver's condition.

Except as otherwise provided in items A to E, a driver who has experienced a loss of consciousness or voluntary control shall submit an annual physician's statement on a form prescribed by the commissioner, regarding the driver's medical history, present situation, and the prognosis with respect to the driver's ability to operate a motor vehicle with safety to the driver and others.

- A. When a driver or applicant submits a physician's statement indicating that loss of consciousness or voluntary control resulted from a change or removal of medication on physician's orders and the physician does not recommend cancellation or denial of the person's driving privileges, the commissioner shall require a physician's statement every six months for a year, or at shorter intervals as recommended by the reporting physician.
- B. When a driver submits a physician's statement indicating that the episode of loss of consciousness or voluntary control was the first episode experienced by the driver and the physician does not recommend cancellation or denial of the person's driving privileges, the commissioner shall require a physician's statement every six months for a year, or at shorter intervals as recommended by the reporting physician.
- C. When the driver fulfills the requirements of subpart 3, item C, the commissioner shall require a physician's statement every six months for a year, or at shorter intervals as recommended by the reporting physician.
- D. When the commissioner has good cause to believe that the driver's condition is not controlled, the commissioner shall require a physician's statement every six months, or at shorter intervals as recommended by the reporting physician.
- E. If a driver has been free from episodes of loss of consciousness or voluntary control for four years, the commissioner shall require a physician's statement every four years, unless the physician recommends more frequent reports.