

Michigan Department of State

March 25, 2014

DRIVER REFERRAL AND REEXAMINATION PROCESS

Referrals for Driver Reexamination – Two Types

1. Programmatic referrals, computer identified
 - a. Involvement in accident resulting in death [MCL 257.320(1)(b)]
 - b. Involvement in 3 or more negligent accidents within 24 months [MCL 257.320(1)(c)]
 - c. Accrual of 12 or more points within 24 months [MCL 257.320(1)(d)]
 - d. Conviction for violating restrictions, terms or conditions of license [MCL 257.320(1)(e)]

Referrals for Driver Reexamination – Two Types

2. External referrals, identified by public
 - a. The Secretary of State has reason to believe (*i.e., valid referral made to us*) a person is incompetent to drive a motor vehicle or is afflicted with a mental or physical infirmity or disability rendering it unsafe to do so
[MCL 257.320(1)(a)]

SOS calls these “medical referrals”

Basic Steps in Reexamination Process

1. Referral to Department of State
2. Internal review of referral (is it valid?)
3. Driver scheduled for reexamination
4. Reexamination is conducted
5. Decision is made and Order of Action
(licensing action) issued

Request for Driver Evaluation Form (OC-88), page 1


STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

REQUEST FOR DRIVER EVALUATION

As provided by Section 257.320 of the Michigan Vehicle Code, the Department of State may schedule a driver assessment reexamination on a driver based on evidence of physical infirmities or disabilities, vision deficiencies, convulsive seizures, blackouts, episodes, or for other reasons that may affect the person's ability to operate a motor vehicle safely. Please provide a description of an incident or pattern of behavior, or other evidence which you believe justifies an evaluation. **All sections of this form must be completed.**

(SECTION 1)

INFORMATION ABOUT THE DRIVER:
(Please print or type all information.)

Today's Date:	Driver's Full Name: (As it appears on license)	Driver License Number:	Date of Birth:
Street Address:	City:	State:	Zip Code

(SECTION 2)

Explain why this driver should be scheduled for an evaluation. Please be specific. (Additional space is provided on the back of this form.)

(SECTION 3)

REQUESTER INFORMATION:
This section must be completed and signed or the request will not be processed. The Department does not accept anonymous requests. Requests by private citizens to remain confidential will be respected to the extent permitted by Michigan and Federal law.

YOUR SIGNATURE IS REQUIRED TO PROCESS THIS REQUEST. (Please print or type other information.)

Requester's Name and Agency: (if applicable)			
Street Address:	City:	State:	Zip Code:
Telephone Number:	Requester's Signature:	Date:	

OC-88 (Rev. 05/11) Authority granted under Act No. 300 of the Public Acts of 1949, as amended.

Request for Driver Evaluation Form (OC-88), page 2

SECTION 2 (Continued):

Additional Information:

Please attach a copy of any related report(s). The completed form may be mailed or faxed:

Michigan Department of State
Traffic Safety Division
P.O. Box 30810
Lansing, Michigan 48909-8310

Telephone: 1-888-SOS-MICH (1-888-767-6424)
Fax: (517) 335-2189
www.michigan.gov/sos

Physician's Statement of Examination (DI-4P)

PHYSICIAN'S STATEMENT OF EXAMINATION
Michigan Department of State
P.O. Box 30610, Lansing, Michigan 48909-9632
Phone: (517) 335-7051; Fax: (517) 335-2186; E-mail: medicalforms@Michigan.gov
www.Michigan.gov/SOS

Clear Form

Reason for Referral (to be completed by Department of State personnel or referring health care provider)

Reason for Referral: _____

Driver indicated a loss or impairment of consciousness within last: 6 months 12 months or more Date: ____/____/____

Driver may have a medical condition that could affect safe driving within the last: 6 months 12 months or more

Name and Title of Referrer: _____

Signature of Referrer: _____ Telephone: _____

Instructions for Driver/Applicant

1. Complete Sections 1 through 4 with all of the information that applies to you. Please print or type.
2. Have your physician complete the other sections. The information in this form must be based upon an examination within three months from the date of your physician's certification.
3. Either you or your physician may return the completed form by fax, mail, or E-mail (see contact information above). This form must be received by the department within three months after your physician signs it.

SECTION 1: Driver/Applicant Information

Name (First, Middle, Last)		Date of Birth	Driver's License Number	
Street Address			Telephone Number 8 a.m. – 5 p.m.	
City	State	ZIP	Today's Date	

SECTION 2: History

Do you have, or have you had, any of the following conditions? Check all that apply:

<input type="checkbox"/> Cardiovascular problems or disease	<input type="checkbox"/> Orthopedic, musculoskeletal, bone, joint or muscle problems or disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Impairments
<input type="checkbox"/> Head or spinal injuries	<input type="checkbox"/> Seizures, blackouts, convulsions, or fainting
<input type="checkbox"/> Mental or psychiatric problem or disease	<input type="checkbox"/> Sleep disorders
<input type="checkbox"/> Neurological problems or disease	<input type="checkbox"/> Substance Use/Abuse

Please explain any conditions checked above: _____

Please list any other health problems: _____

DI-4P (03/05/2013)

Page 1 of 5

Vision Specialist's Statement of Examination (DI-4V)

VISION SPECIALIST'S STATEMENT OF EXAMINATION
Michigan Department of State

INSTRUCTIONS FOR DRIVER/APPLICANT

The Department of State is seeking information to determine if you have a visual condition that may affect your ability to drive safely. This request is based on results of a vision screening at a Secretary of State office or other information received by the department. Please complete Sections 1 and 2 and then have your vision specialist complete the other sections. Either you or your vision specialist may return the completed form to the department. Failure to have this form completed and returned may result in the suspension of your driver's license or the denial of your license application. Information provided in this statement must be based on a vision examination completed within the last six months. Payment for any examination and the preparation of this form is your responsibility. The decision to grant, suspend or reinstate an individual's driving privileges rests solely with the Department of State, which may consider other facts or conditions when making this decision.

INSTRUCTIONS FOR VISION SPECIALIST

The Department of State is seeking assistance in determining the visual condition of this patient. Your professional opinion, the answers to these questions, and any other pertinent information will help the department assess this individual's ability to safely operate a motor vehicle. After the patient has completed Sections 1 and 2, please complete Sections 3 through 7. If you need additional information, please contact the department at (517) 335-7051. Either you or your patient may return the completed form to the department.

SECTIONS 1 AND 2 TO BE COMPLETED BY DRIVER/APPLICANT

SECTION 1: GENERAL INFORMATION

(Please print or type)

Name (First, Middle, Last)		Date of Birth	Driver's License Number	
Street Address			Telephone Number 8 a.m. – 5 p.m.	
City	State	ZIP	Today's Date	

I authorize the release of information to the Department of State only for the purpose of assisting in evaluating my ability to safely operate a motor vehicle. I certify that my responses contained in this document are true and accurate to the best of my knowledge and belief.

Driver/Applicant's Signature: _____

Please complete the following information if you assisted the driver/applicant with the completion of this form.

Name _____ Telephone Number _____

Address _____

I am completing Sections 1 and 2 of this form at the request of the driver/applicant.

Signature: _____ Relationship to Driver/Applicant: _____ Date: _____

Please mail, fax, or e-mail to:

Michigan Department of State
P.O. Box 30810, Lansing, Michigan 48909-9832
Phone: (517) 335-7051; Fax: (517) 335-2189; E-mail: medicalforms@michigan.gov
www.Michigan.gov/sos

DI-4V (2-13) Page 1 of 4

Conducting the Reexamination

- ❑ Review of circumstances, medical documentation, and driving record
- ❑ Vision test
- ❑ Knowledge test
- ❑ Cognitive testing
- ❑ Road test



Order of Action, example #1



MICHIGAN DEPARTMENT OF STATE

Lansing, Michigan 48918

ORDER OF ACTION

JOHN D DRIVER
1234 STREET ROAD
LANSING

MI 48911 5464

Lic No: D-123-456-789-012
Birth: 010144
Lic Type: OPER

You, JOHN D DRIVER, were reexamined as authorized by MCL 257.320(1)(a) or the vehicle code, because it is believed that you have a medical disability which may affect your ability to operate a motor vehicle safely.

Based upon this reexamination, it has been determined that JOHN D DRIVER has an acceptable medical condition.

Mr. JOHN D DRIVER appeared as scheduled for reexamination as a periodic follow up to monitor for any progression of ALS that may impair safe driving abilities. He was seen 2010, 2011, and 2012 where he was found to have an acceptable medical condition.

Today Mr. DRIVER presented a new DI4P medical report from his physician Dr. SMITH MD, IM, Lansing. ALS with leg weakness is the only diagnosis noted. It is controlled with a fair prognosis. There are no concerns about driving. A road test and yearly follow up is recommended.

Mr. DRIVER passed the vision and road tests without difficulty. Several minor errors were discussed with him for future awareness. No errors committed appeared to be associated with his physical health.

He is found to have an acceptable medical condition. No new restrictions are deemed necessary. A follow up DI4P medical report is required as per doctor recommendation in 12 months. This order is being mailed per mutual agreement.

I certify that I am eighteen years of age or older and that on this date, * 03/10/14 *, I prepared and served the original order of action including a description of the rights to appeal upon JOHN D DRIVER by first-class United States mail at Lansing, Michigan as provided in section 212 of Michigan Vehicle Code (MCL257.212).

JANE PUBLIC
Analyst

227

This license action applies to the specific incident described in this order. It does not affect any other pending or outstanding action on your driving record. Please refer to the back of this form for further information regarding reinstatement requirements, appeal rights and penalties for violation of this order.

Order of Action, example #2



MICHIGAN DEPARTMENT OF STATE

Lansing, Michigan 48918

ORDER OF ACTION

JANE C SMITH
222 FRONT STREET
BAY CITY

MI 48706 5534

Lic No: S-123-456-789-012
Birth: 012680
Lic Type: OPER

You, JANE C SMITH, were reexamined as authorized by MCL 257.320(1)(a) of the vehicle code, because it is believed that you have a medical disability which may affect your ability to operate a motor vehicle safely.

Based upon this reexamination, it appears that there is good cause for ordering the following action. It is therefore ordered that the driver license and driving privileges for JANE C SMITH are:

Indefinitely restricted from * 021213 * with the following restrictions.

MAY DRIVE ONLY WHILE ACCOMPANIED BY A CERTIFIED DRIVER TRAINING INSTRUCTOR, Safety Belt Use Required.

MAY ALSO DRIVE WHEN ACCOMPANIED BY A REHABILITATION SPECIALIST. MAY ONLY OPERATE A MOTOR VEHICLE EQUIPPED WITH A LEFT FOOT ACCELERATOR, AUTOMATIC TRANSMISSION AND POWER BRAKES.

It is further ordered that all evidences of licensing must be immediately surrendered to the Bureau of Branch Office Services in the office of the Secretary of State, Lansing, Michigan 48918. Upon completion of your suspension or restriction, apply at any Secretary of State branch office for reinstatement of your license.

JANE C SMITH appeared for reexamination and verified the record as complete. She provided a medical statement completed by Dr. DAVID MEDICAL, psychiatry, based on a medical exam on 12/18/2012. Ms. SMITH has been diagnosed with Chronic Right Ankle Dysfunction. Dr. MEDICAL recommends Ms. SMITH drive with left foot accelerator, power brakes and automatic transmission. Yearly medical evaluations and a driving evaluation are recommended. Ms. SMITH said she injured her ankle at work 2008. She said she has been approved for training with Mary Free Bed Driver Rehabilitation with the use of a left foot accelerator. Ms. SMITH passed the knowledge and vision tests. Visual acuity is 20/40 OU without correction. Peripheral vision is 170 degrees. To allow Ms. SMITH to complete training with Mary Free Bed Driver Rehabilitation, she has been granted a practice permit. Prior to driving independently, Ms. SMITH must provide a current,

*** FACSIMILE ***

This license action applies to the specific incident described in this order. It does not affect any other pending or outstanding action on your driving record. Please refer to the back of this form for further information regarding reinstatement requirements, appeal rights and penalties for violation of this order.

Order of Action, #2 continued



MICHIGAN DEPARTMENT OF STATE

Lansing, Michigan 48918

ORDER OF ACTION

Page 2

JANE C SMITH
222 FRONT STREET
BAY CITY

MI 48706 5534

Lic No: S-123-456-789-012
Birth: 012680
Lic Type: OPER

favorable discharge summary from the driving instructor and pass a road test with this department. Ms. SMITH has been referred for a medical evaluation in ten months. Ms. SMITH was advised she must meet renewal requirements prior to driving.

I certify that I am eighteen years of age or older and that on this date, * 02/11/13 *, I prepared and served the original of this order on JANE C SMITH by personal delivery. I also certify that this person was informed of the right to appeal the reexamination action.

C. PUBLIC
Analyst

264

*** FACSIMILE ***

This license action applies to the specific incident described in this order. It does not affect any other pending or outstanding action on your driving record. Please refer to the back of this form for further information regarding reinstatement requirements, appeal rights and penalties for violation of this order.

Order of Action, #2 continued



MICHIGAN DEPARTMENT OF STATE

Lansing, Michigan 48918

ORDER OF ACTION

JANE C SMITH
222 FRONT STREET
BAY CITY

MI 48706 5534

Lic No: S-123-456-789-012
Birth: 012680
Lic Type: OPER

Corrective Lenses ___ Eye Color BRO Height 64 Weight 200

Temporary Restricted License: expires on 02/21/13

Indefinitely restricted from * 02/12/13 * with the following restrictions:

MAY DRIVE ONLY WHILE ACCOMPANIED BY A CERTIFIED DRIVER TRAINING INSTRUCTOR, Safety Belt Use Required.

MAY ALSO DRIVE WHEN ACCOMPANIED BY A REHABILITATION SPECIALIST. MAY ONLY OPERATE A MOTOR VEHICLE EQUIPPED WITH A LEFT FOOT ACCELERATOR, AUTOMATIC TRANSMISSION AND POWER BRAKES.

Issued on * 02/11/13 * by analyst C. PUBLIC 9264

Law Enforcement:

This document was printed after the restrictions above were posted to the driver's record. A LEIN status check will verify the validity of this document by showing the restrictions on the record.

The original of this document has no printing below this line.

*** FACSIMILE ***

This license action applies to the specific incident described in this order. It does not affect any other pending or outstanding action on your driving record. Please refer to the back of this form for further information regarding reinstatement requirements, appeal rights and penalties for violation of this order.

Order of Action, example #3



MICHIGAN DEPARTMENT OF STATE

Lansing, Michigan 48918

ORDER OF ACTION

JOHN SAMPLE-DRIVER
1235 J DRIVE
MT. PLEASANT

MI 48858 5556

Lic No: S-123-456-789-012
Birth: 031286
Lic Type: OPER

You, JOHN SAMPLE-DRIVER, were reexamined as authorized by MCL 257.320(1)(a) of the vehicle code, because it is believed that you have a medical disability which may affect your ability to operate a motor vehicle safely.

Based upon this reexamination, it appears that there is good cause for ordering the following License Restrictions:

Corrective Lens, Special Steering Knob, Power Steering, All Hand Controls, Automatic Transmission.

This reexamination was conducted to determine if JOHN SAMPLE-DRIVER met criterion for independent driving with special restriction of all hand controls. Medical diagnosis was Paraplegia. Personnel from Mary Free Bed Rehabilitation Hospital Rehabilitation and Transportation program submitted a discharge summary recommending Mr. SAMPLE-DRIVER for independent driving with adaptive equipment. Mr. SAMPLE-DRIVER was provided with four sessions of training (02/28, 03/01, 03/04 and 03/16/2013). During those sessions, he demonstrated the ability to operate a motor vehicle safely in a variety of traffic situations. March 6, 2013, Mr. SAMPLE-DRIVER successfully completed a road test using adaptive equipment. A copy of the Michigan Department of State, Driver Skills Test Certificate was submitted. Disposition of this reexamination was termination of the indefinite restricted license, allowing independent driving with special restrictions of: special steering knob, power steering, all hand controls, automatic transmission and power brakes. Mr. SAMPLE-DRIVER may apply for an independent license at any SOS Branch Office.

I certify that I am eighteen years of age or older and that on this date, * 03/07/13 *, I prepared and served the original of this order on by personal delivery. I also certify that this person was informed of the right to appeal the reexamination action.

L. PUBLIC
Analyst

263

*** FACSIMILE ***

This license action applies to the specific incident described in this order. It does not affect any other pending or outstanding action on your driving record. Please refer to the back of this form for further information regarding reinstatement requirements, appeal rights and penalties for violation of this order.

Rehabilitation Agencies and Resources

REHABILITATION AGENCIES AND RESOURCES

This document provides contact information for entities known to the Department of State to offer specialized services related to driver rehabilitation and similar services.

The entities provided in this list are intended for information purposes only. The Department of State does not endorse any listed entity nor does it guarantee licensure from such training of any listed entity.

Any costs associated with evaluation and/or training is the responsibility of the driver. Customers are encouraged to check with each entity to determine cost.

If you are a resource provider and desire to be included on this document, or you desire to be removed from this document, or information needs to be updated please contact the Traffic Safety Division at Medicalforms@michigan.gov.

Rehabilitation Facilities Providing Driver Evaluation and/or Training

Chelsea Community Hospital, Occupational Therapy

14800 Old US 12
Chelsea, MI 48118
734-593-6370

Drivers Rehabilitation Center of Michigan (Division of A & A Driving School)

28911 Seven Mile Road
Livonia, MI 48153
734-422-3000
248-476-3222
www.AA-driving.com

Kalamazoo Area Rehabilitation Services (KARS), Driving Rehabilitation

6376 Quail Run Drive
Kalamazoo, MI 49009
887-544-3764
www.kalamazooarearehab.com

Mary Free Bed Hospital, Driver Rehabilitation

235 Wealthy Street SE
Grand Rapids, MI 49503
616-242-0343

McLaren Regional Medical Center, Neurological Rehabilitation Program

401 S Ballenger
Flint, MI 48532
810-342-4220

For More Information

By phone:

Department of State Information Center
888-767-6424

Feel free to ask to speak with a member of the
Traffic Safety Division

To Submit a Referral

By US mail:

Traffic Safety Division
Michigan Department of State
PO Box 30810
Lansing, MI 48909-9832

By e-mail:

MedicalForms@Michigan.gov