MEDICAL EXAMINATION REPORT

North Dakota Department of Transportation, Driver License
SFN 4569 (4-2026)

CONFIDENTIAL

Note to Health Care Provider:
Please call (701)328-4355 if you have questions.

DLN

This form must be mailed by the Health Care Provider to:

DRIVER LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750 OR FAX (701)328-0308
OR EMAIL: dl@nd.gov

Name		DOB (MM/DD/YYYY)
Address		City
Applicant's Signature (Optional)	Email Address	Telephone Number

This form must be completed in full, and dated within the last 30 days to be valid.

What is the patient's medical diagnosis?

Do you recommend follow up by the North Dakota Driver License Division? ◯ Yes ◯ No

Follow up in: ◯ 6 months ◯ 1 year ◯ other:

Has this patient ever lost consciousness?	◯ Yes	◯ No	If yes, to either of these, give date of episode:
Has this patient ever had a seizure?	◯ Yes	◯ No	
Should either of the above be considered a single episode and not likely to recur?	◯ Yes	◯ No	
Does the patient currently take anti-seizure medication to prevent seizures?	◯ Yes	◯ No	If no, when did the patient stop taking anti-seizure medication?
Does the patient currently have a cardiovascular condition?	◯ Yes	◯ No	
If Yes, does the patient have an implanted cardiac defibrillator?	◯ Yes	◯ No	
Does this patient have a diabetic condition requiring insulin for control?	◯ Yes	◯ No	
Does the patient have a physical, medical, or mental condition which, in your opinion, would prevent the safe operation of an automobile?	◯ Yes	◯ No	
Does the patient have a physical, medical, or mental condition which, in your opinion, would prevent the safe operation of a **commercial** motor vehicle such as a semi, large truck, or bus?	◯ Yes	◯ No	

What are your recommendations for driving?

- ☐ No driving privileges should be granted.
- ☐ Restricted to daylight driving only.
- ☐ Restricted to vehicle with adaptive equipment.
- ☐ Recommend written and road reexamination. (Reexamination applies to Noncommercial only)
- ☐ No recommended restrictions.

Date of Report	Clinic, Hospital, or Office
Name of Health Care Provider (Please Print)	Address

Health Care Provider's Signature	City	State	ZIP Code
	Telephone Number	Fax Number	

Note to Health Care Provider: Thank you for taking the time to complete this medical examination report.

Any health care provider providing professional medical advice, as requested directly by the division pursuant to NDCC 39-06-07.2 shall incur no liability for any opinion, recommendation, or advice provided. This report must be completed by a health care provider licensed, certified, or registered in North Dakota or another state.

Medical Qualifications for All Drivers (North Dakota Century Code 39-06-03)
A person does **not** qualify for driving privileges if that person has had:

1. Convulsions, seizures, blackouts or fainting spells (must be episode free for 6 months for full privileges; must be episode free for 3 months for restricted privileges);
2. A mental illness that has not been restored to competency for the safe operation of a motor vehicle;
3. Habitual use of alcohol or narcotic drugs that would affect the safe operation of a motor vehicle;
4. Loss of use of a hand, arm, foot, or leg that would affect the safe operation of a motor vehicle.

Medical Qualifications for Commercial Drivers (Code of Federal Regulations 49 CFR 391.41)
A person does **not** qualify for commercial driving privileges if that person has:

1. Loss of a foot, leg, hand, or arm;
2. An impairment of a hand or finger which interferes with prehension or power grasping;
3. Impairment of an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating commercial motor vehicles;
4. Current diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure and likely to interfere with the safe operation of a commercial motor vehicle;
5. Diagnosed with a respiratory dysfunction likely to interfere with the safe operation of a commercial motor vehicle;
6. Diagnosis of high blood pressure likely to interfere with the safe operation of a commercial motor vehicle;
7. Rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with the safe operation of a commercial motor vehicle;
8. Has been diagnosed with epilepsy;
9. Has a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the safe operation of a commercial motor vehicle;
10. Cannot perceive a forced whispered voice in the better ear at 5 feet with or without the use of a hearing aid;
11. Uses a prescribed medication that will have an adverse affect on the driver's ability to safely operate a commercial motor vehicle;
12. Has a current diagnosis of alcoholism whereby the person's physical condition has not stabilized to safely operate a commercial motor vehicle.

The current standards for hearing, epilepsy, methadone use, and anti-seizure medication to prevent seizures are absolute and provide no discretion to the medical examiner.