Paths to the Maryland MVA Driver Wellness & Medical Advisory Board

- ALJ/court referral



- Request for Re-examination
- Self report on application & at time of renewal
- Report from a clinician
- Concerned citizen report (family, friend, etc.)
- Counter referrals customer service agents

**Materials Used to Assess Medical Fitness to Drive** 

all cases

- Physician's Report
- Health Questionnaire
- Driving Record

- Functional Capacity Test (FCT)

- Driving Test
- Occupational Therapy Driving

clinical &behind the wheel evaluation

> as needed



Quections? Please oall 410-788-7511 TTY for the deaf 1-800-482-4575 Vicit our website at: www.mva.maryland.gov

The Driver Wellness & Safety Division of the Maryland Motor Vehicle Administration has been asked to review your medical status as it relates to driving. A comprehensive medical history is needed for this assessment. Please complete this questionnaire carefully, as instructed below.

## INSTRUCTIONS

1. Please print all information legibly.

2. Mark the appropriate YES or NO box in the following manner:

3. Use the following format for guestions requiring a date: MM / DD / YYYY. For example: 11/26/2000

4. Please answer each question to the best of your ability. Space has been provided on the form for you to write additional information or comments you believe would help us understand your medical condition.

5. All medical information will be kept confidential as in the traditional doctor/patient relationship.

IVER LICENSE IDENTI	ICATION NUMBER				TODAY'S	DATE	
						June 14, 20	011
ST NAME	FIRST			MIDDLE			
TE OF BIRTH		EX:		HOW M	ANY YEARS HAV	VE YOU HAD A D	RIVER'S LICENSE
		-	RE PRIME				
ASONS FOR MEDICAL	ADVISORY REVIEW	W.					
			SECTIO	NB			
How would you rate	your current ov	erall health?					
-	-		(circle one)				
How would you rate Excellent Goo	-		(circle one)				
-	d Fair		(circle one)				
Excellent Goo	d Fair		(circle one)				
Excellent Goo	d Fair		(circle one)				
Excellent Goo	d Fair		(circle one)				
Excellent Goo	d Fair		(circle one)				
Excellent Goo	d Fair ment	Po	(circle one) or				
Excellent Goo	d Fair ment	Po	(circle one) or		r ability to dri	ve safely?	
Excellent Goo If poor, please com	d Fair ment:	Po	(circle one) or		r ability to dri	ve safely?	
Excellent Goo	d Fair ment:	Po	(circle one) or		r ability to dri	ve safely?	
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Meteor Vehicle Ads	RIK N.E.	DC-001A (02-10)
Alcohol & Drug Use Ques	tionnaire – Driver Wellness	& Safety Division
Name (last) Driver's License #:	(first)	(M)
MVA DRIVER WELLNESS A	AND SAFETY DIVISION ALCOHOL	AND DRUG USE QUESTIONNAIRE
ALCOHOL:		
Have you used alcohol in the past y		
If yes, what was the date of your las		
If no, if you used alcohol in the past,	when was your last drink?	N/A
•	r in the past year, please answer t	the following:
How often do you have a drink cont	aining alcohol?	
Novar		
Monthly or lass 2-4 times per month	2-3 times per week	
How many drinks do you have on a		
None 1 or 2	3 or 4 5 or 6	7-9
		1-4
How often do you have 6 or more dr		
Less than monthly Monthly	Weekly Daily or almost daily	
,		
	you found that you were not able to :	stop drinking once you had started?
Nover Less than monthly	Monthly Wookly	Daily or almost daily
		, ,
	you failed to do what was normally e	expected of you because of drinking?
Less than monthly	Monthly	Daily or almost daily
		, ,
drinking session?	-	ng to get yourself going after a heavy
Novor	Monthly	
Less than monthly	Wookly	Daily or almost daily
	you had a feeling of guilt or remorse	after drinking?
Novar	Monthly	B1 1 111
Less than monthly	Wookly	Daily or almost daily
	you been unable to remember what I	happened the night before because
you had been drinking?	Martin	
Nover Less than monthly	Monthly	Delver alward delv
1	Wookdy	Daily or almost daily
Have you or someone else been inju		Yes desire the sectores
Novor	Yes, but not in the past year	Yes, during the past year
	or other health worker been concerned	d about your drinking or suggested
you cut down? Nevor	Yas, but not in the past year	Yes, during the past year



DG-119 (03-10)

# **Driver Wellness and Safety Division - Physician/Healthcare Provider Report**

#### For office use only requisite by

COMPANY OF THE OWNER OF THE OWNER

## TO THE DRIVER/APPLICANT: Please completed Section 1 below.

If information is filled in by the MVA, please check to see if it is accurate and make corrections. Your physician/ heathcare-provider completes the rest of this report. It should be returned to the MVA along with other forms that may have been sent with the cover letter that accompanied this form. Your physician/heathcare provider may choose to submit this report directly to the MVA. (Please notic Payment for any examination and preparation of this form is YOUR responsibility.)

Per Maryland Vehicle Lee Transportation Article, §15-119, all medical information obtained will be kept CON-FIDENTIAL and used to determine "the qualifications of an individual to drive." In some cases, "The Administration may use information in its records for the purpose of driver safety research, provided that personal information is not published or declared."

#### SECTION 1: GENERAL INFORMATION (To be completed by driver/applicant) (Pesse Type or Print) DRIVER APPLICANTS NAME: CASE IN 1000 MIDDLD. ADDRESS: (STRUCT) 22200 100 **BATE** DATE OF BIRTH: PHONE NUMBER (5): INCOMPOSITION D DENERS LICENSE NUMBER:

## PHYSICIAN/HEALTHCARE PROVIDER COMPLETES SECTIONS #2 - #7

### TO THE PHYSICIAN/HEALTHCARE PROVIDER:

Your patient has self-reported a medical condition that may impact her/his fitness to drive safely OR has been referred to the MVA because of a concern. There may be MVA notes below about this client and/or a request for specific information.

Please complete sections 2-7 of this form and give it to your patient for return to the MVA, <u>OB</u>, return the form by mail or fax to:

# Maryland MVA; Division of Driver Wellness & Safety

6601 Ritchie Highway, NE - Room 124; Olen Burnie, MD 21062 Driver Wellness & Safety Fax Number 410-768-7612 Ouestford? Please call: 410-768-761

MVA Notes to Physician/Healthcare Provider

#### For non-momphies, passe car y-con-sec-tave, pass, (b tone, win a cyclome severy non-sectivity, Form cui-ca-sizis, 1-con-ton-date, TTY toring maning inpanits, 1-con-data-data-sizis, or sections, whereas and young get

	Gior Venicis Administration GEOI Rithio Highway, N.E. Gion Burnis, Manjard 21062	idential lafe	nation	
	NISH COMPLETE NAMES AND		LOW DRIVER WELLN MEDICAL REVI	IESS & SAFETY D EW SECTION
DC-5			(410) 768-7511 NOTICE DATE	
1			SOUNDEX NUM	BER
to the Motor Ve where you have records and de The purpose fo to its evaluation kept CONFIDE the Annotated	oblem which might affect your ab hicle Administration (MVA) the na received treatment or have bee ta pertaining to the same. If this authorization is to enable th o of your ability to safely operate. NTIAL and will only be used for Code of Maryland. tion is to be completed and re	amés of all doctors, in monitored and th he Motor Vehicle Ad a motor vehicle. Al those purposes se	hospitals, alcohol and drug at you execute this authori ministration to obtain relev I medical data obtained un	clinics, and other p zation for release of vant medical data po der this authorizatio
	RELEAS	E FOR MEDICAL	INFORMATION	
By execution of	f this authorization,			gives permiss
PRINTED NAME (P	timety Caro/Family Practice/Infomial)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUM
PRINTED NAME (C	ther invalment facility or program)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUM
	,,,,,			
PRINTED NAME (O	ther invalment facility or program)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NUM
THE REAL PROPERTY OF	ther insument facility or program)	ADDRESS	NATURE OF TREATMENT	TELEPHONE NU
to release to th pendency prob This authorizat	e Motor Vehicle Administration a lem (attendance, treatment, part ion will expire on	all information relation in the state of the	ve to treatment for a physi s, rehabilitation).	cal, mental, or cher
Signed:			Date:	
-	Number		Telephone Number	
Social Security			ness. Witness:	

# **Medical Advisory Board Reviews**

A Driver Wellness Administrative Nurse Case Reviewer prepares a case for review with a Medical Advisory Board Physician

- Physician Report
- HQ, Alcohol Drug Questionnaire
- Driving Record

The vast majority of cases are reviewed as "paper" cases by evaluating materials in client files stored in a confidential computer database.

Less than 5% of clients are brought in for interviews with a Medical Advisory Board physician **Possible Medical Advisory Board Recommendations** 

- Continue/resume driving w/o or with possible restrictions w/o or with periodic clinical reports and/or testing
- Continue refusal/emergency suspension
- Hold in abeyance until additional information is obtained examples:
  - Additional clinical reports FCT testing

**CLOSE CASE** 

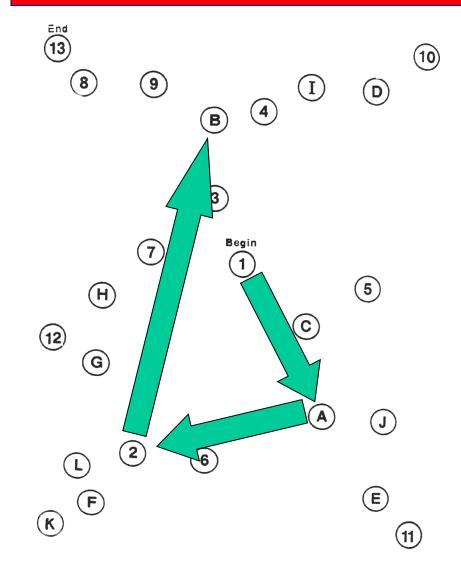
- MVA course driving test/on-the-road driving test
- An OT evaluation

# **MVA Functional Capacity Test (FCT) Screening**

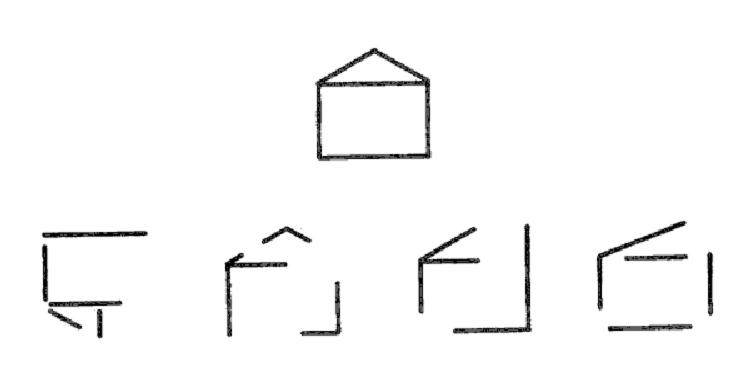
- **Rapid walk** assesses lower limb mobility (>7.0 sec)
- Delayed recall assesses memory (≥2 wrong)
- Motor Free Visual Perception Test (MVPT)
   Assesses understanding of spatial relationships
   12 images presented
   (>4 wrong)
- Trails B Assesses visual search & sequencing, information processing speed, attention switching. (2 min 30 sec)
- Useful Field of View (UFOV®) Assesses divided attention

(>350 millisec)

# TRAIL MAKING – PART B



# Motor Free Visual Perception (MVPT)



**Useful Field of View (UFOV®)** 

Which object appeared in the center of the screen?



Car







