

# **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

- **Physician's Report**
  - **Health Questionnaire**
  - **Driving Record**
- } **all cases**

- **Functional Capacity Test (FCT)**
  - **Driving Test**
  - **Occupational Therapy Driving  
clinical & behind the wheel evaluation**
- } **as  
needed**



6601 Ritchie Highway, N.E.  
Glen Burnie, MD 21062

Motor Vehicle Administration

**HEALTH QUESTIONNAIRE  
Driver Wellness & Safety  
Division**

**Questions?**  
Please call 410-788-7511  
TTY for the deaf 1-800-482-4575  
Visit our website at:  
[www.mva.maryland.gov](http://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 questions 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.

**SECTION A**

|                                      |   |   |  |
|--------------------------------------|---|---|--|
| DRIVER LICENSE IDENTIFICATION NUMBER |   | TODAY'S DATE                                    |  |
| [REDACTED]                           |   | June 14, 2011                                   |  |
| LAST NAME                            | FIRST   | MIDDLE  |  |
| [REDACTED]                           | [REDACTED]  | [REDACTED]                                      |  |
| DATE OF BIRTH                        | SEX:  | HOW MANY YEARS HAVE YOU HAD A DRIVER'S LICENSE? |  |
| [REDACTED]                           | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | [REDACTED]                                      |  |
| REASONS FOR MEDICAL ADVISORY REVIEW  |   |   |  |
| [REDACTED]                           |   |   |  |

**SECTION B**

1. How would you rate your current overall health? (circle one)

Excellent    Good    Fair    Poor

If poor, please comment:

[REDACTED]

[REDACTED]

2. Are you aware of any medical condition that you have that could affect your ability to drive safely?

Yes  No

If yes, please comment:

[REDACTED]

DC-001 1-4 (06/2010)



Motor Vehicle Administration  
6601 Ritchie Highway, N.E.  
Glen Burnie, Maryland 21062

DC-001A (02-10)

**Alcohol & Drug Use Questionnaire – Driver Wellness & Safety Division**

Name (last) [REDACTED] (first) [REDACTED] (MI) [REDACTED]

Driver's License #: [REDACTED]

**MVA DRIVER WELLNESS AND SAFETY DIVISION ALCOHOL AND DRUG USE QUESTIONNAIRE**

**ALCOHOL:**

Have you used alcohol in the past year? Yes  No

If yes, what was the date of your last drink? [REDACTED]

If no, if you used alcohol in the past, when was your last drink? [REDACTED] N/A

**If you have been an alcohol user in the past year, please answer the following:**

How often do you have a drink containing alcohol?

Never   
Monthly or less  2-3 times per week   
2-4 times per month  4 or more times per week

How many drinks do you have on a typical day when you are drinking?

None  3 or 4  7-9   
1 or 2  5 or 6

How often do you have 6 or more drinks on one occasion? Never

Less than monthly  Weekly   
Monthly  Daily or almost daily

How often during the past year have you found that you were not able to stop drinking once you had started?

Never  Monthly   
Less than monthly  Weekly  Daily or almost daily

How often during the past year have you failed to do what was normally expected of you because of drinking?

Never  Monthly   
Less than monthly  Weekly  Daily or almost daily

How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never  Monthly   
Less than monthly  Weekly  Daily or almost daily

How often during the past year have you had a feeling of guilt or remorse after drinking?

Never  Monthly   
Less than monthly  Weekly  Daily or almost daily

How often during the past year have you been unable to remember what happened the night before because you had been drinking?

Never  Monthly   
Less than monthly  Weekly  Daily or almost daily

Have you or someone else been injured as a result of your drinking?

Never  Yes, but not in the past year  Yes, during the past year

Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never  Yes, but not in the past year  Yes, during the past year

For more information, please call: 1-800-950-1MVA (1642) (to speak with a customer service representative),  
From Out-of-State: 1-801-729-8550, TTY for the hearing impaired: 1-800-482-4575. Visit our website at: [www.MVA.Maryland.gov](http://www.MVA.Maryland.gov)



## 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

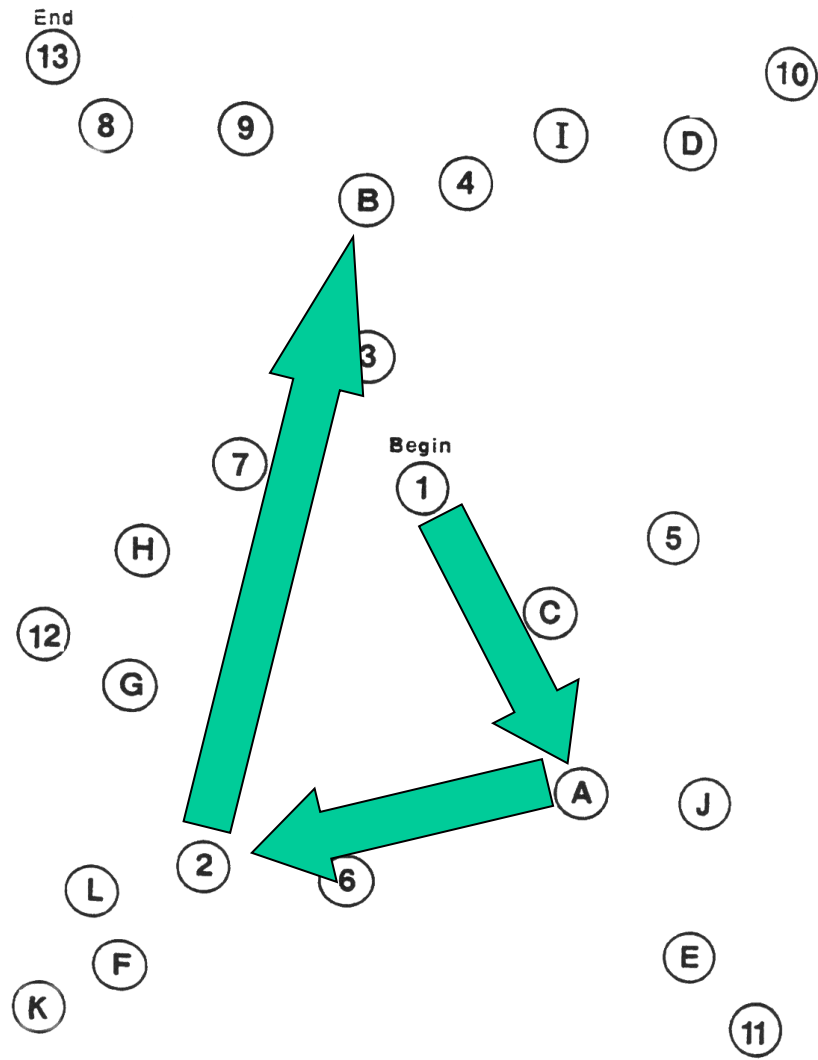
- Continue/resume driving
  - w/o or with possible restrictions
  - w/o or with periodic clinical reports and/or testing
- Continue refusal/emergency suspension
- Hold in abeyance until additional information is obtained
  - examples:
    - Additional clinical reports
    - FCT testing
    - MVA course driving test/on-the-road driving test
    - An OT evaluation

**CLOSE CASE**

# 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 millisecc)

# TRAIL MAKING – PART B





# Motor Free Visual Perception (MVPT)



## Useful Field of View (UFOV®)

Which object appeared in the center of the screen?



OR



**Car**

**Truck**



On which spoke did the outside object appear?

