

West Virginia Department of Transportation  
**Division of Motor Vehicles**  
**MEDICAL REVIEW REQUEST**



**WV DMV Medical Review Services**  
 PO Box 17030, Charleston, WV 25317  
 Phone: 1-800-642-9066 Fax: (304) 957-0323  
 dmv.wv.gov

**Purpose:** Use this form to request that the Division of Motor Vehicles (DMV) conduct a medical review or driver skills review of a licensee.

**Instructions:** To be completed by physicians, law enforcement personnel, DMV employees, immediate family members, or caregivers.

**Driver Information**

Name (Last)		(First)	(Middle)	Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
WV Driver's License Number		Birthdate (mm/dd/yyyy)		Telephone Number	
Resident Street Address		City	State	Zip Code	
Mailing Address (if different from above)		City	State	Zip Code	

**To Be Completed By Medical Professional Only**

Based on my observation, I believe the driver named above should have driving privileges suspended immediately.

**To Be Completed By Law Enforcement Personnel, DMV Employees, Immediate Family Members, Or Caregivers**

Based on my observation, I believe the driver named above should have his/her driving privileges reviewed for safety reasons.

**Describe in detail the circumstances that led to this request.** Please provide as much information as possible, including what appears to be the driver's mental, physical, or visual impairment. Use an additional sheet of paper, if necessary.

Requester's Name		Relationship to Driver			
Organization/Law Enforcement Agency Name		Telephone Number		Fax Number	
Business Street Address		City	State	Zip Code	
Requester's Signature			Date (mm/dd/yyyy)		