

**Date:** [Insert Date]

**To:**

[Name of Licensing Authority/DMV]

[Medical Review Department]

[Address]

[City, State, Zip Code]

**RE: Notice of Medical Impairment and Request for Driver License Review**

**Driver Name:** [Full Name of Driver]

**Date of Birth:** [Driver's Date of Birth]

**Driver License Number:** [License Number, if known]

**Address:** [Driver's Current Address]

To Whom It May Concern,

I am writing to formally request a review of the above-named individual's fitness to operate a motor vehicle. It is my professional/personal observation that this individual currently suffers from a medical impairment that may compromise their ability to drive safely.

**Nature of Impairment:**

[Describe condition: e.g., cognitive decline, vision loss, neurological disorder, uncontrolled seizures, etc.]

**Observed Safety Concerns:**

[Detail specific incidents or symptoms: e.g., confusion while driving, inability to react to traffic signals, physical weakness, loss of consciousness, etc.]

Due to these factors, I believe this individual poses a significant safety risk to themselves and the public. I request that your department initiate a medical re-examination or take the necessary administrative actions to suspend or revoke their driving privileges until they can be proven fit for duty by a qualified medical professional.

Please find attached any relevant supporting documentation (if applicable).

Thank you for your prompt attention to this matter of public safety.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Driver/Professional Title]

[Your Phone Number]

[Your Email Address]