

REQUEST FOR RE-EXAMINATION

North Dakota Department of Transportation, Driver License
SFN 13671 (6-2023)

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

DLN

Name	DOB (MM/DD/YY)	License Class	
Address	City	State	ZIP Code

Check all appropriate boxes below. Please, use the space provided below to provide specific details on the noted conditions/behaviors that lead you to question the driver's ability to safely operate a vehicle (i.e., events, conversations, dates and places).
Requests based on age will not be processed.

DRIVER CONDITION/DRIVER BEHAVIOR (Check all that apply)

<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Drives in Wrong Lane	<input type="checkbox"/> Confused by Traffic
<input type="checkbox"/> Physical Condition	<input type="checkbox"/> Drives on Wrong Side of Road	<input type="checkbox"/> Violent/Aggressive Driving
<input type="checkbox"/> Mental/Emotional Condition	<input type="checkbox"/> Turns from Wrong Lane	<input type="checkbox"/> Does Not Check Mirrors or Look
<input type="checkbox"/> Vision Condition	<input type="checkbox"/> Drives Too Slow/Stops for No Reason	<input type="checkbox"/> Does Not Accelerate or Brake Smoothly
<input type="checkbox"/> Weakness	<input type="checkbox"/> Got Lost or Confused About Location	<input type="checkbox"/> Does Not See/React to Other Cars or Pedestrians
<input type="checkbox"/> Difficulty Walking	<input type="checkbox"/> Fails to React to Traffic Signals	<input type="checkbox"/> Other:
<input type="checkbox"/> Slow Reactions	<input type="checkbox"/> Turns in Front of On-Coming Traffic	
<input type="checkbox"/> Coordination/Balance Problems	<input type="checkbox"/> Drifts In and Out of Lane	
<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Drives on Sidewalk	
<input type="checkbox"/> Blackout/Seizure/Fainting Episode	<input type="checkbox"/> Has Trouble Controlling Car	

Please further describe what leads you to question if the driver can safely operate a vehicle:

- ☐ As a qualified **driver license examiner**, I certify I have personally interacted with the individual named on this request and have good cause to believe an impairment exists which may affect safe operation of a motor vehicle. I recommend the individual for re-examination.
- ☐ As a qualified **law enforcement officer**, I certify I have personally visited with, viewed, or because of a traffic stop, have good cause to believe the individual named on this request has a lack of understanding of the rules of the road or an impairment which may affect safe operation of a motor vehicle. I recommend the individual for re-examination.

Badge Number

Name (Please Print)	Telephone Number
Signature	Date Signed

How to Recognize Potentially At-Risk Drivers

- Does the driver have difficulty understanding/following instructions? Do their answers make sense?
- Does the driver get confused when you ask for their identification?
- Can the driver tell you the time of day, day of the week, month and year?
- Can they tell you their address?
- Can they tell you their birthday?
- Is the driver lost or confused as to the direction they are heading?
- Does the driver understand what traffic law was ignored/violated?
- Did the driver admit to being nervous or confused about the traffic in an area that should be familiar to them?
- Was there a blackout, seizure, loss/lapse of consciousness, or fainting spell?
- Does the driver have a problem lifting their feet to move between the gas and brake?
- Does the driver move their legs quickly enough to react if there were an emergency?
- Does the driver have enough strength in their hands to grip and control the steering wheel?
- Did the driver admit to not being able to see well?
- Could the driver remember what happened that caused them to be pulled over? Was there possibly a blackout, seizure, fainting spell or some level of altered consciousness?
- Does the driver appear unusually angry or emotional?

Please submit this Request For Re-examination report if the answer to any of the above leads you to question the driver's ability to safely operate a vehicle. Your report could prevent a dangerous situation from developing.