



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
MEDICAL REVIEW OFFICE

TC 94-61
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MEDICAL REVIEW BOARD AFFIDAVIT

Mail to: Medical Review Office, 200 Mero Street, Frankfort, KY 40622, or email to KYTC.MedicalReviewBoard@ky.gov
 Phone: (502) 564-1257 FAX: (844) 503-4111

This form may be used to report a driver with a physical or mental impairment. Pursuant to 601 KAR 13:090, unless you are a physician, law enforcement officer, KSP license examiner, Commonwealth or county attorney, county or circuit clerk, sheriff or judge, **this form must include notarized signatures of at least two (2) citizens** attesting that the driver is incapable of safely operating a motor vehicle due to a physical or mental condition. The Transportation Cabinet may be required to release this document upon request by the driver or his or her representative, therefore this document cannot be kept confidential.

SECTION 1: DRIVER INFORMATION (Please print or type.)

LAST NAME	FIRST NAME	MIDDLE NAME	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO. (optional)	DATE OF BIRTH (mm/dd/yyyy)	
ADDRESS (street)	CITY	STATE	ZIP

Explain in detail why you believe the driver is incapable of safely operating a motor vehicle. Please describe any unsafe driving behavior you have witnessed, any known physical or mental conditions that affect driving, and any incidents leading to this report. If more space is needed, please attach additional sheets.

(If reporting a seizure, please provide the date of last known seizure.)

Date of last known seizure (mm/dd/yyyy):

SECTION 2: REPORTING INDIVIDUAL(S) (Please print or type.)

Anonymous reports cannot be accepted. Please indicate whether you are a:

- Physician Commonwealth/county attorney KSP license examiner
 Law Enforcement Officer County/circuit clerk Judge Sheriff

If none of the above, two notarized signatures are required below.

LAST NAME	FIRST NAME	MI	TITLE (if applicable)	PHONE NUMBER
ADDRESS (street)	CITY	STATE	ZIP	

LAST NAME	FIRST NAME	MI	TITLE (if applicable)	PHONE NUMBER
ADDRESS (street)	CITY	STATE	ZIP	

SIGNATURE _____ DATE SIGNED _____ SIGNATURE # 2 (required if a citizen is reporting) _____ DATE SIGNED _____

NOTARY: Subscribed and sworn to before me on this date: _____

NOTARY SIGNATURE _____ My commission expires: _____