

**SECTION 2**

(TO BE COMPLETED BY JURISDICTIONS THAT HAVE A MEDICAL ADVISORY BOARD)

1. In what year was the Medical Advisory Board created? \_\_\_\_\_

2. How many members are on the Board? \_\_\_\_\_

3. Is the Board divided into committees or subcommittees? \_\_\_ YES \_\_\_ NO

If YES, what are the committees, and how many members are on each committee?

4. Please indicate the occupations (for both medical and non medical staff) and medical specialties represented by Board members, and how many members belong to each specialty (i.e., 2 nurses, 1 occupational therapist, 1 neurologist, 2 optometrists, etc.)

___ Nurses	___ Neurology	___ Pharmacologists
___ Occupational Therapists	___ Orthopedics	___ Drug/Alcohol Rehab
___ Optometrists	___ Psychiatrists	___ General Surgery
___ Ophthalmologists	___ Psychologists	Other: _____
___ Cardiologists	___ Endocrinologists	Other: _____
___ Family Practice Physicians	___ Physical Therapists	Other: _____
___ Forensics	___ Physiatrists	Other: _____
___ Internal Medicine	___ Radiologists	Other: _____

5. How are Board members nominated and appointed (i.e., nomination by State Medical Society; appointed by Director of Revenue, State Medical Association, Driver License Administrator, Director of Public Safety, State Department of Health, Commissioner, etc.)?

6. What is the length of term served by Board members? \_\_\_\_\_  
\_\_\_\_\_

7. What is the profession of the head of the Board? \_\_\_\_\_

8. What is the employment of the Board physicians?

\_\_\_ Full-time employees of the licensing agency  
\_\_\_ Part-time employees of the licensing agency  
\_\_\_ Paid consultants  
\_\_\_ Volunteer consultants

9. If Board physicians are NOT employed by the licensing agency (i.e., if they are consultants), who are they employed by?

\_\_\_ Private practice  
\_\_\_ Hospital/clinic  
\_\_\_ Other Government agency (list, if known) \_\_\_\_\_  
\_\_\_ Other (list, if known) \_\_\_\_\_

**SECTION 2 (Continued)**

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10. Through what mechanisms, and with what frequency, do Board members interact for disposition of fitness to drive cases? (Check all that apply)

In-person meetings as a group

Frequency:  Weekly  Bi-weekly  Monthly  As directed by the administrator  
 On a case-by-case basis  Other: (describe) \_\_\_\_\_

Teleconference

Frequency:  Weekly  Bi-weekly  Monthly  As directed by the administrator  
 On a case-by-case basis  Other: (describe) \_\_\_\_\_

Videoconference

Frequency:  Weekly  Bi-weekly  Monthly  As directed by the administrator  
 On a case-by-case basis  Other: (describe) \_\_\_\_\_

Email

Frequency:  Weekly  Bi-weekly  Monthly  As directed by the administrator  
 On a case-by-case basis  Other: (describe) \_\_\_\_\_

Regular mail

Frequency:  Weekly  Bi-weekly  Monthly  As directed by the administrator  
 On a case-by-case basis  Other: (describe) \_\_\_\_\_

11. In what kinds of activities is the Board engaged? (check all that apply):

- Board exists on paper only (i.e., is inactive, or not yet operational)
- Board advises on medical criteria and vision standards for licensing
- Board reviews and advises on individual cases (check all methods used below)
  - Board physicians perform paper reviews (forms submitted by driver's physicians, police, family, driving record, etc)
  - Board physicians conduct in-person interviews with referred drivers
  - Board physicians conduct video interviews with referred drivers
  - Board physicians screen or assess abilities needed to drive safely (visual, mental, physical)
- Board assists in developing standardized, medically acceptable report forms
- Board develops educational materials on driver impairment for the general public
- Board recommends training courses for driver license examiners in medical/functional aspects of fitness to drive
- Board appraises licensing agency of new research on medical fitness to drive
- Board conducts or oversees new research on medical fitness to drive.
- Board advises on procedures and guidelines (explain): \_\_\_\_\_
- Other: \_\_\_\_\_

**SECTION 2 (Continued)**

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12. List the medical conditions that are referred to the Board for further investigation. (Attach any formal listings used by your Agency)

13. Approximately how many drivers are referred to the Board each year? \_\_\_\_\_

14. What percentage of these drivers are:

over 65 \_\_\_\_\_ over 75 \_\_\_\_\_ over 85 \_\_\_\_\_

15. Approximately how many drivers are denied a license each year following reevaluation by the Board? \_\_\_\_\_

16. What percentage of these drivers are:

over 65 \_\_\_\_\_ over 75 \_\_\_\_\_ over 85 \_\_\_\_\_

17. What types of dispositions may the Board recommend or administer? For example:

17a. License restrictions (include geographic, radius from home, time of day, special adaptive equipment, visual corrections, etc.)?

17b. Suspensions?

17c. Further testing (and by whom)?

17d. Periodic reexaminations or medical statements (and for what conditions)?

17e. Types of remediation recommended (specify all types of visual correction, medical intervention, physical therapy, driver training, and others)?

**SECTION 2 (Continued)**

(TO BE COMPLETED BY JURISDICTIONS THAT HAVE A MEDICAL ADVISORY BOARD)

18. Are licensing actions based on:

- The recommendation of the entire Board
- The recommendation by multiple Board members, but not the entire Board.
- The recommendation of a single Board member/specialist
- Other (describe) \_\_\_\_\_

19. Are Board members immune from legal (tort) action?

YES  NO

20. Are records and deliberations of the board confidential?

- YES without exception
- YES, except in the following conditions (i.e., driver may receive copy upon request; physician reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent): \_\_\_\_\_
- NO

21. Are Board members' identities public, or do they remain anonymous?

Identities are public  Identities are anonymous

22. Are annual reports generated that document the activities of the MAB?

YES  NO

23. Is there any other information about your medical review program that you wish to provide?