DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Driver Services, Driver Control

Age Waiver-Medical Verification

Only for serious illnesses of age waiver applicant or immediate family members. Family members may include parents, grandparents, stepparents or legal guardians if living in the same household as applicant.

If the person with the medical condition holds a valid Arkansas driver's license, they could possibly be contacted by The Office of Driver Services to determine if an evaluation is needed to maintain their driving privileges.

AGE WAIVER APPLICANT NAME	DRIVER'S LICENSE NUMBER
IS THE MEDICAL REQUEST FOR YOU OR A FAMILY MEMBER? ☐ MYSELF ☐ FAMILY MEMBER	FAMILY MEMBER NAME
MEDICAL INFORMATION:	
NAME OF DOCTOR OR MEDICAL FACILITY	MEDICAL RECORD/PATIENT FILE NUMBER
ADDRESS OF DOCTOR OR MEDICAL FACILITY	DATE
TREATMENT UNDER YOUR SUPERVISION	
DIAGNOSIS?	
DO YOU NEED TO SEE YOUR PATIENT REGULARY? ☐ YES ☐ NO	FREQUENCY OF VISITS?
PROGNOSIS?	
IS THE CONDITION ☐ Improving ☐ Stable ☐ Worsening or deteriorating ☐ Subject to change	
WOULD THE SIDE EFFECTS FROM THE PRESCRIBED MEDICATIONS INTERFERE WITH YOUR PATIENT'S ABILITY TO DRIVE SAFELY? ☐ YES ☐ NO If yes, please explain:	
DOES YOUR PATIENT'S MEDICAL CONDITION AFFECT SAFE DRIVING? ☐ YES ☐ NO If yes, please explain:	

ADDITIONAL INFORMATION:____

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I certify that all information is true and correct.

SIGNATURE OF DOCTOR OR NURSE	
PHONE NUMBER	DATE