

**CHAPTER 82. GUIDELINES FOR DETERMINING CAUSE TO  
INITIATE EXAMINATION—STATEMENT OF POLICY**

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**Source**

The provisions of this Chapter 82 adopted September 5, 1997, effective September 6, 1997, 27 Pa.B. 4559, unless otherwise noted.

**§ 82.1. Medical program.**

(a) *Scope/minimum standards.* Drivers in this Commonwealth shall meet minimum standards to be qualified to drive. The medical program balances public safety with the individual's need for independence and autonomy.

(b) *Medical Advisory Board.* Medical standards are developed in conjunction with the Medical Advisory Board to insure that the Commonwealth does not restrict the independence and autonomy of the individual driver. At the same time, the Medical Advisory Board's standards are designed to identify and recall the driving privilege of the individuals who represent an appreciable safety risk.

(c) *Physical examination and medical reporting.* The driver's first interaction with the medical program begins with the physical examination necessary for the issuance of the learner's permit. In addition, the Department administers a medical reporting program which includes reports from the medical community and reports from others.

**§ 82.2. Medical reports.**

(a) *Medical Unit.* The Department's Medical Unit receives over 40,000 reports each year from the medical community regarding individuals who have a medical condition which may affect their ability to drive safely.

(b) *Reports.* Those reports originate from physicians, nurses, hospitals, emergency rooms, trauma units, rehabilitation facilities and other care takers.

(c) *Processing of reports by Medical Unit.* When these reports are received, they are reviewed and evaluated on a case by case basis by the Medical Unit. The Medical Unit reviews the information provided in relation to the medical regulations formulated by the Medical Advisory Board.

(d) *Action by the Medical Unit.* Upon careful evaluation of the information, the Medical Unit takes one of the following actions.

- (1) Recall the driving privilege.

- (2) Restore the driving privilege.
- (3) Add medical restrictions to the driving privilege.
- (4) Delete medical restrictions from the driving privilege.
- (5) Request additional examinations, such as a medical examination or a driver's test.
- (6) Take no action.

**§ 82.3. Recall the driving privilege.**

(a) *Medical Unit recall of license.* When a physician provides clear information indicating that the person does not meet the medical regulations for safe driving, the Medical Unit recalls the driving privilege.

(b) *Example.* For example, when the physician notifies the Department that a patient has an uncontrolled seizure disorder and provides clear, specific information including the last seizure date, the Medical Unit makes an informed decision as to the disposition of the case based on the medical regulations. The Medical Unit has sufficient information to determine if the recall of the driving privilege is warranted.

**§ 82.4. Restore the driving privilege.**

(a) *Restoration.* When a physician provides clear information indicating that the person does meet the medical regulations for safe driving, the Medical Unit restores the driving privilege.

(b) *Example.* For example, when the physician notifies the Department that a patient with an uncontrolled seizure disorder is controlled on medication and has been seizure free for 6 months, the Medical Unit makes an informed decision as to the disposition of the case based on the medical regulations. The Medical Unit has sufficient information to determine if the restoration of the driving privilege is warranted.

**§ 82.5. Add or delete medical restriction.**

(a) *Addition or deletion of information.* When the physician submits information which, when compared to the medical regulations, will result in a restriction being added or deleted from the driver's license, the Medical Unit adds or deletes the restriction.

(b) *Example.* For example, a driver may develop cataracts and the driver's visual acuity may decline to a level where the driver must be restricted to driving in daylight hours only. In the same manner, if the driver later has surgery to remove the cataracts, the restrictions may be removed.

**§ 82.6. Additional examination.**

(a) *When additional exam is required.* When a physician submits information indicating that the driver may have a condition which affects the ability to drive safely, but the Medical Unit has insufficient information to compare the patient's

condition with the Medical Advisory Board's medical regulations, the Medical Unit requires the driver to have a physician complete additional medical examination forms or the driver may be required to complete a driver's examination.

(b) *Example.* For example, the Medical Unit receives a report from an emergency room physician stating that an individual had a seizure. The report contains no other information regarding the condition. The Medical Unit cannot determine from that information whether or not the person has an uncontrolled seizure disorder. The seizure may have represented a single incident as a result of a transient illness, an allergic reaction or some other cause. The Medical Unit requires that the driver have a Convulsive Disorder Form completed.

(c) *Failure to respond.* If the driver does not respond to the Department's examination requirement within 30 days, the driver is sent a notice of suspension for not complying with this requirement. This suspension is for an indefinite period of time until the driver complies with the Department's requirement. This suspension may be avoided or restored upon receipt of the requested information.

#### § 82.7. No action.

(a) *When no action is warranted.* When a physician provides information about a medical condition that does not affect the ability to drive, the Medical Unit takes no action.

(b) *Example.* For example, when a physician notifies the Medical Unit that an individual had a seizure as a result of a prescribed change in medication, but the previous medication that was effective in controlling the seizure has already been reinstated, the driver can continue to drive safely. The Medical Unit reviews this information in relation to the medical regulations and takes no action.

#### § 82.8. Other reports.

(a) *Reports.* In addition to physician reports, the Medical Unit annually receives approximately 2,000 police reports, 500 accident reports and 500 reports from concerned family members regarding individuals who may have a medical condition that affects the individual's ability to drive.

(b) *Evaluation.*

(1) These reports are also evaluated on a case by case basis. The Medical Unit carefully scrutinizes these reports for validity.

(2) To investigate the validity of the report, the Medical Unit frequently contacts the source of the report by the telephone, especially in the case of reports from family members, to ask for more information or to discuss the case to determine validity. When the report is from a friend or neighbor, additional precautions are taken. The Medical Unit recognizes that while some reports that come from these individuals are made out of legitimate concern, others may be the result of malice. Neighbors occasionally have disagreements that result in animosity and hostility. On the other hand, for those individuals

with no family, neighbors are often the primary caregiver. The Medical Unit takes every possible safeguard to ensure that these reports are legitimate.

(c) *Legitimate concern determined.* If the Medical Unit determines that the report reflects a legitimate concern regarding a medical condition that affects the ability to drive safely, the Medical Unit requires the driver to have a physician complete additional medical examination forms or the driver may be required to complete a driver's examination. Under no circumstances does this type of report result in the automatic recall of the driving privilege.

(d) *Example.* For example, when a report is received from a daughter stating that she has noticed her mother's attention wandering and has seen her appear to lose awareness of her surroundings, the Medical Unit contacts the daughter to discuss her observations with her. At that time, the Medical Unit discovers that the daughter is concerned because her mother has had several unreported accidents in the last 6 months and feels that she may be an unsafe driver.

(e) *Additional examination forms or driver's exam.* If the report is determined to be valid, the driver is required to have a physician complete additional medical examination forms or the driver may be required to complete a driver's examination.

(f) *Failure to respond.* If the driver does not respond to the Department's examination requirement within 30 days, the driver is sent a notice of suspension for not complying with this requirement. This suspension is for an indefinite period of time until the driver complies with the Department's requirement. This suspension may be avoided or restored upon receipt of the requested information.

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