



PHYSICIAN'S CERTIFICATE OF MEDICAL IMPAIRMENT

State Form 50018 (R3 / 4-15)
BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:
1. Complete in blue or black ink.
 2. Form must be completed by a physician.
 3. Form must be dated within thirty (30) days of application.
 4. The patient/driver must complete Section 1.
 5. A physician must complete Section 2 or 3 as applicable.

A copy of this certificate must be carried in any vehicle that this individual operates when a Restriction 8 is displayed on the driver's license or permit.

Section 1 Patient/Driver Information		
Name of Patient/Driver (<i>last, first, middle initial</i>)	Indiana Driver's License Number	Date of Birth (<i>mm/dd/yyyy</i>)
Section 2 Medical Certification for BMV to Apply Medical Impairment Restriction (Restriction 8)		
I, _____ am a licensed <i>(Physician's Printed Name)</i> physician and I certify and attest that the individual named above has an existing medical condition that:		
<input type="checkbox"/> Causes him or her to have fainting spells or seizures but is under medication and is free from fainting spells or seizures. (IC 9-24-2-3, IC 9-24-9-2 and IC 9-24-11-7)		
<input type="checkbox"/> Has an existing medical condition which may cause him or her to appear to be intoxicated. (IC 9-24-11-9)		
Signature of Physician	Medical License Number	Date (<i>mm/dd/yyyy</i>)
Section 3 Medical Certification for BMV to Remove Medical Impairment Restriction (Restriction 8)		
I, _____ am a licensed <i>(Physician's Printed Name)</i> physician and I certify and attest that the individual named above no longer has an existing medical condition that:		
<input type="checkbox"/> Causes him or her to be subject to fainting spells or seizures.		
<input type="checkbox"/> Causes him or her to appear to be intoxicated.		
Signature of Physician	Medical License Number	Date (<i>mm/dd/yyyy</i>)