



# DMV Medical Review

DMV relies on information provided by licensed healthcare professionals to help identify drivers who may be unable to safely operate a motor vehicle.

You can use any of the following methods to submit a report.

**E mail:** [medreview@dmv.virginia.gov](mailto:medreview@dmv.virginia.gov)

**U.S. mail:**

DMV Medical Review Services  
P.O. Box 27412  
Richmond, VA 23269-0001

**Fax:**

804.367.1604

**DMV recommends using the Medical Review Request form (MED 3) [RN1]**

All reports must include:

- Information, such as name, address and date of birth, to help DMV identify the impaired driver
- Specific concerns or reasons for the report, citing examples if possible
- Specific information about the driver's physical and/ or mental condition
- The name, address and telephone number of the person submitting the report and relationship to the driver

Virginia law prohibits DMV from releasing information on the source or reason for the report submitted by a relative or medical professional treating the driver. Information on the source of other reports may be released, if requested.

