

MEDICAL EMERGENCY REPORT

Please print or type

Patient's Name _____
first m.i. last

Address _____
street city state zip code

Date of Birth _____ Eye Color _____ Sex _____
month, day, year

Driver License Number _____

History

Date of onset _____

Frequency during past year _____

Date of last occurrence _____

Was an EEG Performed? Yes No

Date _____ Place _____
institution location

Results _____

Read by _____

Resulting classification

- Gran mal Focal Convulsions (other)
 Petit mal Psychomotor Unconsciousness (other)

Remarks

Reported by _____ Date _____

Signature _____ Specialty _____

Phone Number _____

NJSA 39:3-10.4: Each physician treating any person 16 years of age or older for recurrent convulsive seizures or for recurrent periods of unconsciousness or for impairment or loss of motor coordination due to conditions such as, but not limited to, epilepsy in any of its forms, when such conditions persist or recur despite medical treatments, shall, within 24 hours after his determination of such fact, report the same to the Director of the Division of Motor Vehicles.