



Physical Evaluation Form
Driver's License Renewal by Mail
NRS 483.383-483.384, NAC 483.423-483.455

Sections 1 and 2 must be signed and dated not more than 90 days before the date this form is submitted to the Nevada DMV. Section 1, the Vision report, must be completed, signed, and dated by a licensed ophthalmologist, optometrist, or physician. Section 2, the Medical Report, must be completed, signed, and dated by a licensed physician. Please return this Physical Evaluation Form with your application and payment to renew your driver's license by mail. Unless otherwise instructed, all parts of this form must be completed in full to avoid any delay of your renewal.

Please clearly PRINT the following information:

Driver's Name
Address
Driver's License Number Date of Birth Age

Section 1 - Vision (must be completed by licensed ophthalmologist, optometrist or physician)

Table with 3 columns: Eye type, Without Corrective Lenses, With Corrective Lenses. Rows for Right Eye, Left Eye, Both Eyes.

Does this person have a progressive disease or condition of the eye? Yes No

Signature of Licensed Ophthalmologist, Optometrist, or Physician
Date of Vision Examination (Must be within the last 90 days)
PRINTED Name of Ophthalmologist, Optometrist, or Physician License Number Area Code and Phone Number
Office Address of Ophthalmologist, Optometrist, or Physician

Section 2 - Medical Report (must be completed by a licensed physician)

Does a medical condition exist that would prevent this patient from operating a motor vehicle safely? Yes No
If "Yes," please explain:
Is this patient taking any medication that would affect his/her ability to drive safely? Yes No
If "Yes," please explain:

Signature of Licensed Physician
Date of Medical Evaluation (Must be within the last 90 days)
PRINTED Name of Physician Physician's License Number Physician's Area Code & Phone No.
Office Address of Physician