



Physician's Statement and Authorization for Medical Alert Notation

A person wanting to add a medical alert notation must have this form completed by a licensed provider and present it at the time of application for the driver or nondriver license pursuant to Section 302.205, RSMo.

Application and issuance of a driver or nondriver license with a medical alert notation indicates your consent to the release of such medical information. This consent includes anyone who sees your license or those you allow to copy or scan your license. Such consent may also apply to persons otherwise ineligible to access such medical information under state or federal law.

This form must be completed in full and signed by a person licensed to practice medicine or psychology in Missouri within one year of application date as verification of eligibility to obtain a medical alert notation on a driver or nondriver license. A stamped signature is not acceptable. The issuance of a medical alert notation on a driver or nondriver license is not for the purpose of any determination of eligibility for any public benefit.

Patient Information	Last Name		First Name		Middle	
	Date of Birth (MM/DD/YYYY) ____/____/____		Driver License Number			
	Address		City	State	ZIP Code	
	Signature			Date (MM/DD/YYYY) ____/____/____		
	Medical Condition <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Diabetes Mellitus (DM) <input type="checkbox"/> Autism <input type="checkbox"/> Drug Allergy (Drug Alrgy) <input type="checkbox"/> Epilepsy (EPL) <input type="checkbox"/> Alzheimers (ATD) <input type="checkbox"/> Dementia (DEM) <input type="checkbox"/> Schizophrenia (SCHZ) <input type="checkbox"/> High Blood Pressure (HBP) <input type="checkbox"/> Cardiovascular Disease (CVD)					

Parent/Guardian Signature	I am the parent or legal guardian of a driver who is less than 18 years of age and is applying for a driver or nondriver license with a medical alert notation. In signing this statement I grant permission for the above listed individual to obtain a driver or nondriver license with the medical alert notation for the condition(s) noted above.		
	Signature	Printed Name	Date (MM/DD/YYYY) ____/____/____

Personal signature required of licensed provider, physician, physical therapist, occupational therapist licensed pursuant to Chapter 334, RSMo., or other authorized licensed health care practitioner.

Physician Information	Printed Last Name	First Name	Middle	Telephone Number (____)____-____
	Address		City	State ZIP Code

Physician Signature	Under penalties of perjury, I declare that the above information is true and accurate. I certify that I have examined the above named patient and have determined him or her to have the noted condition, illness or disorder.	
	Signature	Printed Name
	Registration Number	Date (MM/DD/YYYY) ____/____/____

Mail to: Driver License Bureau, PO Box 200, Jefferson City, MO 65105-0200
Phone: 573-751-2730



E-mail: dlbmail@dor.mo.gov Form 5839 (Revised 09-2021)
Visit dor.mo.gov/driver-license/ for additional information.

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.