



Physician and Surgeon Report to the Local Health Officer (LHO)* of a Patient Diagnosed with a Disorder Characterized by Lapses of Consciousness** for LHO Reporting to the California Department of Motor Vehicles (DMV)

How to Use this 2-sheet Form: Instructions to the Reporting Physician and Surgeon

(1) Fill in Part 1A, Part 1B, and Part 2. (2) Keep a copy for your records. (3) Fax both sheets of the completed form to: Los Angeles County Health Officer, fax # 888-397-3778 or fax # 213-482-5508. If questions, call 888-397-3993.

*Note: Reports of lapses of consciousness must be submitted to the jurisdiction where the patient resides. This form is only for reporting residents of Los Angeles County. Visit How to Report for residents of Long Beach and Pasadena.

PART 1 From Physician to Local Health Officer – (Not Sent to DMV): Information Required by State Law. ***

Part 1A: Information on the Patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness and who lacks exceptions per 17CCR § 2812:

Form with fields for Patient Last Name, First Name and Middle Name (or initial), Patient Diagnosis, Birthdate (MM/DD/YYYY), Age (Years), Address (Number and street), City, State (CA), and Zip Code.

Part 1B: Information on the Reporting Physician and Surgeon:

Form with fields for Physician Last Name, Physician First Name and Middle Initial, Physician License Number, Physician Address, Physician Phone Number, Physician Signature, and Date Signed (MM/DD/YYYY).

DMV Driver Safety Process: It is understood that, if DMV needs more information, DMV will contact the diagnosed person reported herein and provide DMV’s instructions on how to directly authorize their personal physician to release medical information directly to DMV using the form(s) that DMV will specify to the diagnosed person.

** as defined in 17CCR §2806

*** [laws accessed 8/21/18; excerpted; underlines added]

Health and Safety Code 103900. (HSC §103900):

- (a) Every physician and surgeon shall report immediately to the local health officer in writing, the name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness. However, if a physician and surgeon reasonably and in good faith believes that the reporting of a patient will serve the public interest, he or she may report a patient’s condition even if it may not be required under the department’s definition of disorders characterized by lapses of consciousness pursuant to subdivision (d).
(b) The local health officer shall report in writing to the Department of Motor Vehicles the name, age, and address, of every person reported to it as a case of a disorder characterized by lapses of consciousness.
(c) These reports shall be for the information of the Department of Motor Vehicles in enforcing the Vehicle Code, and shall be kept confidential and used solely for the purpose of determining the eligibility of any person to operate a motor vehicle on the highways of this state.

17 CCR § 2810 Reporting Requirements.

- (a) Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient.
(b) The report prepared pursuant to subsection (a) of this section shall include:
(1) The name, address, date of birth, and diagnosis of the patient; and
(2) The name, address, and phone number of the physician and surgeon making the report.

For copies of this form plus a diagram/OVERVIEW of the 2-phase Physician-to-LHO-to-DMV Reporting process, laws, DMV forms/information, and weblinks, see DPH webpage at http://publichealth.lacounty.gov/clinicians/report/LOC.htm.

Sheet 1 Side 2

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PART 2 From Physician to Local Health Officer to Submit to DMV:

Information Required by State Law. ***

Part 2: Information on the Person reported to the LHO as a case of a disorder characterized by lapses of consciousness:

Form with fields for Patient Last Name, First Name and Middle Name (or initial), Age (Years), Address (Number and street), City, State (CA), and Zip Code.

Local Health Officer Information:

Los Angeles County Health Officer
ACDC Morbidity Unit - Room 117
County of Los Angeles
Department of Public Health
313 N. Figueroa, Los Angeles, CA 90012
If questions call (888) 397-3993

(internal use only)
Date LHO sent DMV this sheet (side 3 of 3):
How Sent:
Sent via secured folder

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