

Missouri Department of Transportation
Patrick K. McKenna, Director

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Breath Alcohol Ignition Interlock Physician Statement

DRIVER/PATIENT SECTION	PATIENT NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER OR SOCIAL SECURITY NUMBER	DATE OF BIRTH	
	TELEPHONE NUMBER	PATIENT'S MAILING ADDRESS	CITY	STATE ZIP CODE

I hereby authorize and accept that:

- My physician will conduct a medical examination to determine my ability to provide a breath sample.
- My physician will respond to any additional questions from the Missouri Department of Transportation and, if necessary, he/she may submit copies of my medical records to MoDOT.
- MoDOT will make a final decision concerning my eligibility for reduced breath volume settings on a breath alcohol ignition interlock device.

Signature of Driver/Patient:

Date:

A physician must complete this section of the form. This patient has indicated that he/she has a medical condition that precludes his or her ability to use an ignition interlock device as required by law. Please provide the following information so that this patient may be considered for a lowered air volume setting on the device.

PHYSICIAN SECTION	PHYSICIAN NAME (PRINTED)	TELEPHONE NUMBER		
	OFFICE MAILING ADDRESS	CITY	STATE	ZIP

Current Diagnosis: _____

Indicate which pulmonary function test was performed on this patient:

Peak Flow Meter

Spirometry

Full Pulmonary Function Test

Date of last pulmonary function test: _____

Based on your medical examination, and the results of the pulmonary function test, should the patient be capable of blowing into an ignition interlock device if the air volume setting is at 1.5 liters per breath over approximately 6 seconds?

Yes _____ No _____

Comments: _____

Physician's Signature

Date

Have you or an immediate family member ever served in the U.S. Armed Forces? If yes, would you like information about military-related services in Missouri? Yes