



REQUEST FOR EXEMPTION FROM USE OF MOTOR VEHICLE SAFETY RESTRAINTS FOR OREGON RESIDENTS ONLY

Please read instructions on Page 2 before completing this form.

An exemption may be requested by only a licensed physician or a Veteran's Administration treating physician (not required to be licensed) on behalf of a patient and it must be subsequently verified by ODOT to meet criteria specified in ORS 811.220.

By signing this application, both applicant and physician acknowledge that they have read Page 2 of this form and understand the following Oregon Revised Statute 811.220:

ORS 811.220 Certificates of exemption from safety belt requirement. The Director of Transportation shall issue a certificate of exemption required under ORS 811.215 for any person on whose behalf a statement signed by a physician is presented to the Department of Transportation. For a physician's statement to qualify under this section, the physician giving the statement must set forth reasons in the statement why use of a child safety system, safety belt or safety harness by the person would be impractical or harmful to the person by reason of physical condition, medical problem or body size.

PART A: To be completed by patient

PATIENT NAME – FIRST, MIDDLE, LAST			SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (MM-DD-YY)
ADDRESS			OREGON DRIVER LICENSE OR ID CARD NUMBER	
CITY	STATE	ZIP	LICENSE TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> CM <input type="checkbox"/> C <input type="checkbox"/> ID Card	
PATIENT SIGNATURE X			DATE	

PART B: To be completed by physician

Check all that apply in the following statement:

A safety restraint would be impractical or harmful to the person named above by reason of physical condition, medical problem, or body size.

Describe specifically how you reason the person's condition, problem, or size makes restraint use impractical or harmful:

DESCRIBE

PHYSICIAN NAME			PHYSICIAN TYPE	
ADDRESS			LICENSE NUMBER	
CITY	STATE	ZIP	PHONE	FAX

I certify by my signature that I am a physician licensed to practice medicine in Oregon, and that in my judgment the patient named above should be exempted from use of a safety restraint system for the reason(s) described in this request.

PHYSICIAN SIGNATURE X	DATE
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Send or deliver original request to:

ODOT Transportation Safety Division
Attention: Restraint Exemption Coordinator
235 Union St. NE
Salem OR 97301

INSTRUCTIONS FOR PATIENT AND PHYSICIAN

Safety restraint systems are required when traveling in motor vehicles on highways of the state except in those specific situations outlined in ORS 811.215. One of those situations is when a person has been issued a certificate of exemption by the Oregon Department of Transportation (ODOT) in accordance with ORS 811.220.

This exemption is allowed only if a physician deems that use of a safety restraint system would be impractical or harmful to an individual by reason of physical condition, medical problem or body size.

PLEASE consider motor vehicle restraint options carefully. A person who does not properly use a restraint system is much more likely to sustain serious injuries in a crash than one who is properly restrained. Oregon crash data for 2008 indicate that 43% of vehicle occupants killed in crashes were unbelted compared to only 6% of those who sustained only injury. Unrestrained occupants are four times more likely to be ejected out of the vehicle in a crash and odds of surviving ejection are an estimated one in five (USDOT, NHTSA).

Patient:

Complete Part A of the request on Page 1, sign and date; give to your physician.

Physician:

1. If a patient is experiencing discomfort while using a safety restraint system, first review with them the options for improving belt fit described on the ODOT informational card, "Make Yourself Comfortable, Safety Belt Comfort Tips". Cards may be obtained free of charge by calling (503) 986-3590 and requesting Form 737-3458, stock number 330009.
2. Complete Part B of the request on Page 1, fully describing how use of a safety restraint would be impractical or harmful to the patient and why, in your professional judgment, an exemption is justified.
3. Sign, date and submit the request; faxes or electronic submittals will not be accepted.

Important Notes:

- ODOT requires a minimum of five (5) business days to act on requests. No exemptions certificates may be issued the same day the request is received.
- Federal law (U.S. Code 392.16) prohibits issuance of safety restraint exemptions to drivers who hold a Commercial Driver License (CDL).
- If the request is granted, ODOT will issue a wallet-size certificate directly to the patient and the patient must carry that certificate when wishing to claim exempt status while traveling in a motor vehicle in Oregon. (Other states may or may not honor this exemption.)
- **The Oregon Attorney General advises physicians to seek legal counsel before signing requests for exemption.**
- **By signing this application, both applicant and physician acknowledge that they have read Page 2 of this form and understand Oregon Revised Statute 811.220.**

Questions about exemptions should be directed to the ODOT Transportation Safety Division, (503) 986-3590.