Oregon Department of Transportation

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

Please read instructions on Page 2 before completing this form. Pages 1 and 2 are both required for submission to ODOT.

An exemption may be requested on behalf of a patient only by a medical provider who is a licensed physician, physician's assistant, or nurse practitioner or a Veteran's Administration treating physician and it must be subsequently verified by ODOT to meet criteria specified in ORS 811.220.

By signing this application, both applicant and medical provider 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 (Exemptions from safety belt requirements) for any person on whose behalf a statement signed by a physician, nurse practitioner or physician assistant is presented to the Department of Transportation. For a physicians, nurse practitioners or physician assistants statement to qualify under this section, the physician, nurse practitioner or physician assistant 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 ☐ M ☐ F	DATE OF BIRTH (MM-DD-YY)
MAILING ADDRESS		OREGON DRIVER LICENSE OR ID CARD NUMBER	
CITY	STATE ZIP	LICENSE TYPE ☐ A ☐ B ☐ CM ☐ C ☐ ID Card	
PATIENT SIGNATURE **X**		DATE	

PART B: To be completed by medical provider

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

This request is for a ☐ permanent ☐ temporary exemption. Expiration date for temporary request: _____

MEDICAL PROVIDER NAME	MEDICAL PROVIDER LICENSE TYPE ☐ MD ☐ DO ☐ PA ☐ NP
ADDRESS	LICENSE NUMBER
CITY STATE ZIP	PHONE FAX

Medical provider must read and initial "Medical Provider Instructions" on Page 2 of this form. Include initialed Page 2 when submitting form to ODOT.

I certify by my signature that I am a physician, physician's assistant or nurse practitioner licensed to practice 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.

MEDICAL PROVIDER SIGNATURE **X**	DATE

Send both pages of original request to:
Restraint Exemption Coordinator
ODOT Transportation Safety Office
1905 Lana Avenue NE
Salem OR 97314-0001

INSTRUCTIONS FOR PATIENT AND MEDICAL PROVIDER

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, physician's assistant, or nurse practitioner 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 2020 indicate that 32% of vehicle occupants killed in crashes were unbelted. Seat belts are the best defense against impaired, aggressive, and distracted drivers. Being buckled up during a crash helps keep you safe and secure inside your vehicle; being completely ejected from your vehicle is almost always deadly (NHTSA).

Important Information:

- **ODOT requires a minimum of five (5) business days to act on requests.**

- **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 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 medical providers to seek legal counsel before signing requests for exemption.**

- **Exemption is for both lap and shoulder belts. No partial exemptions are granted.**

- **By signing this application, both applicant and medical provider 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 Office, (503) 986-4199.

Patient Instructions:

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

Medical Provider Instructions:

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) 986-4199 and requesting Form 737-3458, stock number 330009.

2. Read the "Instructions for patient and medical provider" above, and these Medical Provider Instructions.

3. 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.

4. Indicate if this request is for a permanent or temporary exemption and expiration date requested.

5. Initial this page to indicate you have read and understand the information on this page.

6. Sign and date on Page 1 and submit both pages of the request to ODOT.

Medical provider initials: _____