



# WINDOW TINT MEDICAL EXEMPTION

**THIS MEDICAL EXEMPTION IS NON-TRANSFERABLE AND EXPIRES THREE (3) YEARS FROM DATE OF ISSUANCE. THE ORIGINAL CERTIFICATE MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AND SHALL BE VOID IF ALTERED OR FALSIFIED.**

***BELOW THIS LINE FOR OPTOMETRIST OR PHYSICIAN'S USE ONLY***

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**Patient's Full Name** \_\_\_\_\_ **Patient's DOB** \_\_\_\_\_

Indicate the below listed **World Health Organization International Classification of Disease ICD-9-CM** recognized condition which would require a medical exemption under L.R.S. 32:361.2. Provide a complete and detailed description under the section indicated as "DESCRIBE". Louisiana State Police may seek the Medical Advisory Board's opinion whether to grant the medical exemption.

Albinism

Lupus (Lupus Family)

Porphyria

Describe (All other) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photophobia** as a medical condition requires an explanation as to the exemption under L.R.S. 32:361.2. Indicate in detail why a correct pair of sunglasses would not be adequate protection thus requiring the exemption under L.R.S. 32:361.2, and why this exemption under L.R.S.361.2 will not affect the individual's ability to drive at night.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Print Physician Name**                      **Physician Signature**                      **Date**                      **(Area Code) Phone Number**

# WINDOW TINT MEDICAL EXEMPTION

## Official Use Only of the Medical Advisory Board

Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

### Reason for Approval or Denial

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Advisory Board Physicians Signature      Date

BELOW THIS LINE FOR STATE POLICE USE ONLY

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**NOT VALID UNLESS AUTHORIZED BY LOUISIANA STATE POLICE**

**Approved & Authorized**

**Disapproved**

\_\_\_\_\_  
For the Deputy Secretary, Public Safety Services

\_\_\_\_\_  
Data Number

\_\_\_\_\_  
Date

TESS-MVI  
Section