Medical Examination Report
Concerning a Person's Ability to Drive

A medical examination report is required either because of the class of licence you hold, the class of licence you are applying for, your age or because you have a medical file with us.

Please have your medical doctor complete the form on the back of this letter and return it to the Medical Section at the address above. Please note that you are responsible for any costs.

If you are unable to meet this request or if you have any questions you can call the Medical Section at 709-729-0345 or toll free at 1-877-636-6867.

Thank you in advance for your cooperation.

For Physician Use Only

Cardiac – if clinical or objective diagnosis of heart disease, the N.Y.H.A as follows:

Class I - no functional impairment, 7 METS or more
Class II - mild functional limitation, only on major physical effort, METS 5-7
Class III - moderate impairment, symptoms on light physical activity, METS 2-4
Class IV - severe impairment, symptoms at rest

A period based assessment by a cardiologist is required for professional drivers.

Aneurysm of the Aorta – vascular surgeon's assessment may be required. If surgery has been done been done & recovery satisfactory, may be permitted to apply for or retain any Class of licence. AAA if =/< 5.5cm may hold Class 5 or 6. Class 1, 2, 3 or 4 should not be issued. If AAA is >/= cm not eligible for any class of licence.

Epilepsy – if seizure free for 6 months, compliant with medication & under regular medical care, may hold a Class 5. If seizure free on/off medication for 5 years & receives a favourable report from the usual/treating Neurologist/Physician, may hold any Class of licence.

Neurological/MSK Disorders – description of functional limitations required.

Diabetes – commercial drivers treated with insulin MUST maintain a log of their blood sugars.

Medically diagnosed chronic abuse or dependence on alcohol or other substances – must have successfully undergone treatment and be monitored for the condition by the same physician for at least 3-6 months.

Respiratory Conditions – if on supplemental oxygen or experiencing cognitive issues may be required to have an on road assessment of driving skills.

CLASSES OF DRIVERS LICENCES

Class 1 - Semi-trailer & Tractor trailer combinations
Class 2 - Buses (more than 24 passengers)
Class 3 - Trucks with 3 or more axles
Class 4 - Taxis, Buses (<24 passengers), Emergency Vehicles and Ambulances
Class 5 - Private Vehicles
Class 6 - Motorcycles or Mopeds

Ref: Sections: 195(3) and 45(6) b of the Highway Traffic Act and the CCMTA Medical Standards for Drivers
An answer of yes to either question below requires clarification in the comments section below.

1. Cardiac conditions: (atherosclerotic disease, angina infarct, arrhythmia, surgery dilation, CHF)
   Yes No
   If CHF please provide latest ejection fraction ____________ %
   If ICD please provide date of last activation ____________
   Please circle function class (N.Y.H.A)
   I II III IV

2. Vascular conditions: (Aneurysm, Embolism, TIA, etc.)
   Yes No

3. Aneurysm of the Aorta
   Surgery Yes No; 5 cm or more Yes No

4. Hypertension Under Control
   Yes No

5. Diabetes Mellitus
   Type I __ Type II ___ Age of Onset ___
   Medication Type and Dose ____________
   Under control Yes No
   Severe hypoglycemia (requiring intervention by an outsider)
   Yes No
   If yes, date of last episode ________________
   Hypoglycemic awareness? Yes No

6. Diagnosis of chronic abuse/dependence on alcohol
   substance? Yes No
   Alcoholism : Yes No
   Subject is sober since: ___ ___ ___ Yr. Mo. Day
   Other Addiction: Yes No
   To your knowledge is this patient taking any drugs that could cause impairment of driving ability? Yes No
   If "yes" to the above question, please name drug(s): ________________

7. Hearing Loss:
   Right Yes No; Left Yes No

8. Respiratory Insufficiency:
   (asthma, severe dyspnea, etc.)
   Yes No
   If yes, circle functional class I II III IV

9. Visual Problems: (glaucoma, cataracts, retinitis, etc.)
   Right Left Both
   Visual Acuity
   6/6 6/6 6/6 Uncorrected
   6/6 6/6 6/6 Corrected
   Horizontal Visual Field (Degrees by Confrontation; N x y = 120 degrees each eye)
   Right Eye _______ Left Eye _______ Both _______
   Retinopathy: Yes No

10. Muscular-skeletal disorders: Impacting ability to drive? Yes No
    Is an on road assessment indicated? Yes No

11. Epilepsy:
    Yes No
    Date of first seizure ____________ Date of Last seizure ____________

12. Other Neurological Disorders: (CVA, Parkinson's, TIA, Paralysis, cognitive, Narcolepsy, Non-Epileptic Convulsions, etc.)
    Yes No

13. Other disorders affecting ability to drive:
    (Vertigo, hypotension, loss of consciousness, fainting, cachexia, senility, side-effects of medication, etc.)
    Yes No
    If yes to either 12 or 13, is an on-road assessment indicated? Yes No

14. Mental Illness: (Psychosis, personality disorders, etc.)
    Yes No
    Estimate of Emotional Stability ________________

15. Should the driver be restricted? Yes No
    Indicate Restriction: ________________

16. Is a second medical opinion required? Yes No
    If yes, with whom? ________________

17. What recall timeframe would you suggest? ________________

18. Is examining physician the family doctor or treating specialist? Yes No

19. How long has the patient been under your care? _____ Years

Comments (Use a Separate Sheet if Necessary):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________