

Fees that may be charged for completing this report **must be paid by the examinee** and do not qualify for reimbursement by the Société.

Return the original form to:

Service de l'évaluation médicale et du suivi du comportement
Société de l'assurance automobile du Québec
Case postale 19500, succursale Terminus
Québec (Québec) G1K 8J5

Last name _____

First name _____

Address (Number, street, apartment) _____ Municipality _____ Postal code _____

Date of birth (Y Y Y Y M M D D) _____ Driver's licence number _____ Telephone (home) _____ Telephone (work) _____ Ext. _____

PERSON UNDERGOING THE EXAMINATION

Please read and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 4.

I hereby authorize the Société de l'assurance automobile du Québec to discuss, when necessary, medical information concerning me with the physician who has signed this form. I understand that a summary of all communications will be kept in my file.

Signature of the person undergoing the examination: _____ Telephone: _____

Date: (Y Y Y Y M M D D) _____ Under sections 2840 and 2841 of the Civil Code of Québec, a computer reproduction of this authorization carries the same value as the original.

Physician

The examination must take into account prior and current ailments that may affect the individual's ability to drive. A list of relevant disorders is provided at the top of several sections. This is a memory aid and **any disorder that does not appear in the list must be indicated in section 10.**

1 Vision disorders Check box if there is no health disorder to report in this section

Glaucoma, cataract, abnormal visual field, etc.

Diagnosis: _____

Visual acuity based on Snellen Chart: Without correction ▶ OU: 6/____ OS: 6/____ OD: 6/____
With correction ▶ OU: 6/____ OS: 6/____ OD: 6/____

– Can be omitted if patient has been referred to an ophthalmologist or optometrist.
– “With correction” information is required only if glasses or contact lenses are necessary for driving.

Confrontation field: Normal Abnormal Diplopia: Yes No

2 Hearing disorders Check box if there is no health disorder to report in this section

Ménière's disease, occupational deafness, etc.

Diagnosis: _____ Hearing loss: Right Left Changing condition? Yes No

Is the person able to perceive a forced whispered voice at a distance of 1.5 metres?
With a hearing aid: Yes No Without a hearing aid: Yes No

3 Neurological disorders Check box if there is no health disorder to report in this section

Parkinson's, MS, epilepsy, syncope, CVA/TCI, brain aneurysm, head trauma, brain tumour, dementia etc.
If functional limitations are related to diagnosis, complete section 8.

Diagnosis: _____ Date of diagnosis: (Y Y Y Y M M D D) _____

Epilepsy: Yes No ▶ If Yes, date of first seizure: (Y Y Y Y M M D D) _____ Date of last seizure: (Y Y Y Y M M D D) _____

Non-epileptic convulsive seizures: Yes No ▶ If Yes, cause: _____ Date of last seizure: (Y Y Y Y M M D D) _____

Description of seizures: _____

Vertigo: Yes No ▶ If Yes, length of episodes: _____ Disabling? Yes No

Please indicate the name, date of birth and driver's licence number (if known) of the person undergoing the medical examination.

Last name

First name

Date of birth Driver's licence number
 Y Y Y Y | M M | D D _____

10 Other diagnoses

Loss of independence, psychomotor retardation, HA/ADL difficulties, deterioration of general health, morbid obesity, dialysis/kidney failure, cancer, etc.

Diagnosis: _____

Diagnosis: _____

Diagnosis: _____

11 Recommendations

Indicate your opinion as to whether the Société should require this person to submit to additional assessments regarding his or her fitness to drive.

On-road assessment by a Société examiner: Yes No ► If Yes, specify in section 12.

– Functional assessment by an occupational therapist: Yes No ► If Yes, specify in section 12.

– Specialized consultations: Yes No ► If Yes, which specialties? _____

Should this individual cease driving while awaiting these assessments? Yes No ► If Yes, specify in section 12.

12 Additional comments

Describe the situations that suggest risk when driving a road vehicle.

13 Physician information

I have been this individual's attending physician for _____ years. Number of consultations per year: _____

I am not this individual's attending physician. His/her physician is: _____

This individual does not have an attending physician.

Last name and first name (please print)		Date of examination	Date of report
_____		Y Y Y Y M M D D	Y Y Y Y M M D D
Address	Signature		Professional licence number
	_____		_____
Telephone		Fax	
_____		_____	

Attach any documents you feel are relevant to the case.

Protection of Personal Information

All personal information gathered by authorized Société de l'assurance automobile du Québec (SAAQ) personnel is handled confidentially. The SAAQ requires this information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, this information may be conveyed to the SAAQ's licensing agents and other Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca or contact the SAAQ's call centre.