

# Driver's Medical Examination Report



If you have any questions, please contact the Medical Section at **902-424-5732**. For additional information, you may also refer to our website at: [novascotia.ca/snsmr/rmv/licence/medicals.asp](http://novascotia.ca/snsmr/rmv/licence/medicals.asp).

**Mailing Address:** Medical Section, 1505 Barrington Street, 9N, Halifax NS, B3J 3K5

**Fax:** 902-424-0772

## PART 1: Patient Consent for Physician to Report Medical Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Driver's Licence Master No.: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Class of licence applied for (check one):  1  2  3  4  5  6  7  8

Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I authorize** any physician, hospital or medical clinic to release to the Department any information concerning my medical condition.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE (DD/MM/YYYY)

## PART 2: Vision – Check and complete applicable boxes

**VISUAL ACUITY** MEETS ACUITY FOR LICENCE CLASS   
(With OR without corrective lenses)

Uncorrected R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

Corrected R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

**Requires visual correction**

**ACUITY:** Class 3, 5, 6, 7 and 8 not less than 20/40 (6/12) in better eye.  
Class 1, 2 and 4 not less than 20/30 (6/9) in the better eye,  
poorer eye not less than 20/50 (6/15).

**VISUAL FIELD** MEETS FIELD FOR LICENCE CLASS

Abnormal. Explain \_\_\_\_\_

Ocular condition that could affect driving. Explain: \_\_\_\_\_

**FIELD:** Class 3, 5, 6, 7 and 8: 120 degrees horizontal, both eyes opened and examined together.  
Class 1, 2 and 4: 120 degrees horizontal in each eye.

**COLOUR RECOGNITION** MEETS COLOUR RECOGNITION FOR LICENCE CLASS

Class 1, 2 and 4 - Able to accurately identify the colours red, green and amber.

## PART 3: Examination Report – Check Nothing to Report or check and complete applicable conditions(s)

**A – VASCULAR** NOTHING TO REPORT

1. Coronary Artery Disease \_\_\_\_\_

2. Angina Pectoris \_\_\_\_\_  
Canadian Cardiovascular Society Functional Class  
 Class 1  Class 2  Class 3  Class 4

3. Myocardial Infarction: Date \_\_\_\_\_

4. Congestive Heart Failure \_\_\_\_\_

5. Arrhythmia: \_\_\_\_\_

6. Peripheral Vascular Disease \_\_\_\_\_

7. Aneurysm: **Location:** \_\_\_\_\_ **Size:** \_\_\_\_\_

8. Heart Surgery  
 Angioplasty: Date \_\_\_\_\_  
 CABG: Date \_\_\_\_\_  
 Pacemaker: Date \_\_\_\_\_  
 ICD: Insertion Date \_\_\_\_\_  
Last Discharge Date \_\_\_\_\_  
 Transplant: Date \_\_\_\_\_  
 LVAD

9. Other: \_\_\_\_\_

**B – CENTRAL NERVOUS SYSTEM** NOTHING TO REPORT

1. CVA/TIA: Date \_\_\_\_\_

2. Seizure disorder  Diagnosis of epilepsy.  
Date of last seizure \_\_\_\_\_  
Medication required?  YES  NO

3. Syncope Type: \_\_\_\_\_  
 Single Episode: Date \_\_\_\_\_  
 Recurrent

4. Sleep Disorder:  
 OSA. **Treated?**  YES **How:** \_\_\_\_\_  NO  
 Narcolepsy **Treated?**  YES  NO

5. Stable Deficit: \_\_\_\_\_

6. Progressive Disorder (ALS, Parkinsons, MS): \_\_\_\_\_

7. Vestibular Disorder: \_\_\_\_\_

8. Cognitive Impairment: \_\_\_\_\_

MMSE Score: \_\_\_\_\_ Date \_\_\_\_\_  
(DD/MM/YYYY)

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Name: \_\_\_\_\_

Driver's Master No.: \_\_\_\_\_

## Part 3: Examination Report – continued – Check Nothing to Report or check and complete applicable conditions(s)

### C – RESPIRATORY NOTHING TO REPORT

- 1. Respiratory Impairment  
 Mild    Moderate    Severe
- 2. Supplemental Oxygen  
 Occasional    Continuous

### E – METABOLIC NOTHING TO REPORT

- 1. Diabetes. Treated by:  
 Diet    Oral Medication    Insulin  
 Well controlled    Not well controlled
- 2. Severe Hypoglycemia :  
 Date of last episode \_\_\_\_\_
- 3. Hypoglycemia Unawareness:  
 Date of last episode \_\_\_\_\_
- 4. Complications Related to Diabetes  
 Peripheral Vascular    Retinopathy  
 Neuropathy \_\_\_\_\_

**For all Commercial Drivers or Any Driver if not well controlled**

HbA1C Level: \_\_\_\_\_ Date \_\_\_\_\_

Blood Glucose: \_\_\_\_\_ Date \_\_\_\_\_

(DD/MM/YYYY)

### G – MUSCULOSKELETAL NOTHING TO REPORT

- 1. Amputation: \_\_\_\_\_
- 2. Weakness: \_\_\_\_\_
- 3. Impaired range of motion: \_\_\_\_\_

### I – PSYCHIATRIC NOTHING TO REPORT

- 1. Psychosis
- 2. Personality Disorder
- 3. Severe depression or anxiety
- 4. Other: \_\_\_\_\_

### D – RENAL DISEASE NOTHING TO REPORT

- 1. Dialysis
- 2. Transplant: Date \_\_\_\_\_
- 3. Nephropathy

### F – SUBSTANCE USE/ABUSE NOTHING TO REPORT

- 1. Alcohol Abuse  
 Under control Since: \_\_\_\_\_  
 Not controlled
- 2. Alcohol Related Seizure: Date \_\_\_\_\_
- 3. Drug Abuse  
 Substance: \_\_\_\_\_  
 Under control  
 Not controlled
- 4. Prescribed medication that could cause impairment:  
 \_\_\_\_\_  
 \_\_\_\_\_

### H – HEARING NOTHING TO REPORT

- 1. Significant Hearing Loss. **Corrected?**    YES    NO  
 (Classes 1 – 4 only)  
*Perceives a forced whispered voice at not less than 5 feet (1.5 metres) with or without the use of a hearing aid or, hearing loss no greater than 40dB averaged at 500, 1000, and 2000 Hz in their better ear*

### J – OTHER CONDITIONS NOTHING TO REPORT

(that may affect driving)

- 1. General Debility
- 2. Other \_\_\_\_\_

## Part 4: Opinion and Recommendations

### PHYSICIAN'S STAMP

### ISSUE LICENCE AS APPLIED FOR

OR:

- 1. Issue licence with restrictions: \_\_\_\_\_
- 2. Road test required
- 3. Suspend licence pending: \_\_\_\_\_
- 4. Suspend – unlikely to improve

## Part 5: Medical Professional Details

- Family Physician
- Walk in or Locum **Chart Reviewed**    YES    NO
- Specialist
- Nurse Practitioner

Name: \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

PHONE (   ) \_\_\_\_\_ FAX (   ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE (DD/MM/YYYY) \_\_\_\_\_