

Medical Examination Report Concerning a Person's Ability to Drive

Government of Newfoundland and Labrador
Motor Registration Division

Applicant Information

Name _____	Driver's Licence # _____	Class _____
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Please answer ALL questions. An answer of 'yes' to either question will require clarification in the comments section below.

<p>1. Visual Problems? (glaucoma, cataracts, retinitis, retinopathy, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please complete the following:</p> <table border="1" style="width:100%"> <tr> <td></td> <td>Right</td> <td>Left</td> <td>Both</td> <td></td> </tr> <tr> <td>Visual</td> <td>6/</td> <td>6/</td> <td>6/</td> <td>Uncorrected</td> </tr> <tr> <td>Acuity</td> <td>6/</td> <td>6/</td> <td>6/</td> <td>Corrected</td> </tr> </table> <p>2. Horizontal Visual Field (both eyes examined together) _____ (Private - N > / = 120 Commercial - N > / 150)</p> <p>3. Cardiac conditions? (atherosclerotic, angina, MI, arrhythmia, surgery, CHF) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If CHF please provide latest ejection fraction _____ %</p> <p>If ICD please provide date of last activation _____</p> <p>Cardiac Functional Class (N.Y.H.A.) I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/></p> <p>4. Vascular conditions? (aneurysm, embolism, TIA, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Aneurysm of the Aorta? 5 cm or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Diagnosis of chronic abuse/dependence on alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Alcoholism? Yes <input type="checkbox"/> No <input type="checkbox"/> Sober since: _____ YYYY MM DD</p> <p>Drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> Abstinence since: _____ YYYY MM DD</p> <p>7. To your knowledge, is this driver on any medication/substances that could cause impairment of driving ability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes" to the above question, please name the drug(s)/substance(s): _____</p>		Right	Left	Both		Visual	6/	6/	6/	Uncorrected	Acuity	6/	6/	6/	Corrected	<p>8. Respiratory Insufficiency? (asthma, severe dyspnea, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, circle functional class I II III IV</p> <p>9. Diabetes Mellitus? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Age of onset _____</p> <p>Rx Type & Dose _____</p> <p>Under control? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Severe hypoglycemia? (intervention by an outsider) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, date of last episode _____</p> <p>Hypoglycemic awareness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. MSK disorder impacting ability to drive? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Other Neurological Disorders? (CVA, Parkinson's, TIA, paralysis, cognitive, narcolepsy, non-epileptic Seizures, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date of first seizure _____ Date of last seizure _____</p> <p>13. Other disorders affecting ability to drive? (vertigo, hypotension, LOC, fainting, cachexia, senility, side-effects of meds, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>14. Mental Illness? (Psychosis, personality disorders, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Estimate of emotional stability _____</p> <p>15. Based on the medical history and clinical exam, is a functional on-road assessment indicated? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Indicate Restriction/s, if applicable: _____</p> <p>16. Is a second medical opinion required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, with whom? _____</p> <p>17. How long has the patient been under your care? _____</p>
	Right	Left	Both													
Visual	6/	6/	6/	Uncorrected												
Acuity	6/	6/	6/	Corrected												
<p>Comments (Use a Separate Sheet if Necessary)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																
<p>Name and address of Physician (in block letters)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you the driver's family doctor/treating specialist? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Telephone (office): _____ Date of Examination _____</p> <p>Signature: _____</p>																
<p>Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Driver's Licence. Section 6 allows Motor Registration Division to disclose an applicant's personal information to other health professionals for the purpose of medical assessments related to driving requirements. Questions can be directed to the Medical Section at (709) 729-0345 or 1-877-636-6867.</p> <p>Driver's Signature authorizing release of information and certifying that information provided is correct: _____</p>																

For Office Use Only

Clerk: _____	Date: _____
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MCP insures medical exams for non-commercial senior drivers when required for age.

A medical examination report is required to assess your ability to drive safely as per the Medical Standards for Driver Fitness (<https://www.ccmta.ca/en/national-safety-code>).

Please have your medical doctor/nurse practitioner complete the form on the back of this letter. You may be responsible for any costs.

Once completed, please return to Motor Registration by fax (709) 729-4360, email mrdmedicals@gov.nl.ca or by mail: Medicals Section, Motor Registration Division, P.O.Box 8777, St. John's, NL A1B 3T2

If you have any questions contact us toll-free at 1-877-636-6867.

For Physician Use Only

- Question 1** Vision Standards - corrected or uncorrected VA & Fields with both eyes open & examined together.
Class 5: VA=20/50 (6/15) or > & fields 120 or >
Class 4 (taxi/ride-share): VA=20/40 (6/12) or >; worse eye 20/200 (6/60) or > & fields 120 or > Class 1, 2, 3, 4 (Emergency): Acuity 20/30 (6/9) or >; worse eye 20/100 (6/30) or > & fields 150 or >
- Question 2** Cardiac - if no clinical or objective diagnosis of heart disease, the N.Y.H.A. as follows:
Class I - No symptoms.
Class II - mild symptoms, slight limitation with ordinary physical activity and comfortable at rest.
Class III - marked limitation in activity, even with less than ordinary activity, comfortable only at rest.
Class IV - severe limitations, symptoms even at rest.
- Question 4** Aneurysm of the Aorta - eligible if the aneurysm is not at the stage of imminent rupture as determined by size, location or recent change. A Vascular Surgeon's opinion may be required. If surgery and recovery satisfactory, may be able to apply for/retain any Class of licence.
Class 5 - Men - <6.5 cm; Women - < 6 cm. Class 1, 2, 3 or 4 - Men < 6 cm; Women < 5.5 cm
- Question 8** Respiratory - If on supplemental oxygen or experiencing cognitive issues, may be required to have an on-road assessment of driving skills.
- Question 9** Diabetes - Commercial drivers treated with insulin MUST maintain a log of their blood sugars.
- Question 10/11** Neurological/MSK Disorders - description of functional limitations required.
- Question 12** Epilepsy - If seizure-free for six months, compliant with treatment and under regular medical care, may hold a Class 5. If seizure free on/off medication for five years and favourable report from the usual/treating

CLASSES OF DRIVERS LICENCE

Commercial

Class 1 - Semi-trailer & Tractor trailer combinations Class 2 - Buses
(>than 24 passengers)

Class 3 - Trucks - 3 or more axles

Class 4 - Taxis, Ride-share, Buses (</=24 passengers, Emergency Vehicles
and Ambulances

Non-Commercial

Class 5 - Private

Class 6 - Motorcycles/Mopeds