

## 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.

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### 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 & recovery satisfactory, may be permitted to apply for or retain any Class of licence. AAA if  $\leq$  5.5cm may hold Class 5 or 6. Class 1, 2, 3 or 4 should not be issued. If AAA is  $>$  5.5cm 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 ( $\leq$ 24 passengers), Emergency Vehicles and Ambulances

**Class 5** - Private Vehicles

**Class 6** - Motorcycles or Mopeds

## MEDICAL EXAMINATION REPORT

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

D.L.# \_\_\_\_\_

Class: \_\_\_\_\_

An answer of yes to either question below requires clarification in the comments section below.

<p>1. Cardiac conditions: (atherosclerotic disease, angina infarct, arrhythmia, surgery dilation, CHF) <span style="float: right;">Yes No</span></p> <p>If CHF please provide latest ejection fraction _____ %</p> <p>If ICD please provide date of last activation _____</p> <p style="text-align: center;">Please circle function class (N.Y.H.A)</p> <p style="text-align: center;">I      II      III      IV</p> <p>2. Vascular conditions: (Aneurysm, Embolism, TIA, etc.) <span style="float: right;">Yes No</span></p> <p>3. Aneurysm of the Aorta <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">Surgery      Yes      No;      5 cm or more <span style="float: right;">Yes No</span></p> <p>4. Hypertension Under Control: <span style="float: right;">Yes No</span></p> <p>5. Diabetes Mellitus</p> <p style="padding-left: 20px;">_____ Type I      _____ Type II      Age of Onset _____</p> <p style="padding-left: 20px;">Medication Type and Dose _____</p> <p style="padding-left: 20px;">Under control <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">Severe hypoglycemia (requiring intervention by an outsider) <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">If yes, date of last episode _____</p> <p style="padding-left: 20px;">Hypoglycemic awareness? <span style="float: right;">Yes No</span></p> <p>6. Diagnosis of chronic abuse/dependence on alcohol substance? <span style="float: right;">Yes No</span></p> <p>Alcoholism : <span style="float: right;">Yes No</span></p> <p>Subject is sober since: _____</p> <p style="padding-left: 40px;">Yr.      Mo.      Day</p> <p>Other Addiction: <span style="float: right;">Yes No</span></p> <p>To your knowledge is this patient taking any drugs that could cause impairment of driving ability? <span style="float: right;">Yes No</span></p> <p>If "yes" to the above question, please name drug(s): _____</p> <p>7. Hearing Loss:      Right      Yes      No ;      Left      Yes      No</p>	<p>8. Respiratory Insufficiency: (asthma, severe dyspnea, etc.) <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">If yes, circle functional class      I      II      III      IV</p> <p>9. Visual Problems: (glaucoma, cataracts, retinitis, etc.)</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <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>Horizontal Visual Field (Degrees by Confrontation; N &gt;/= 120 degrees each eye)</p> <p>Right Eye _____ Left Eye _____ Both _____</p> <p>Retinopathy: <span style="float: right;">Yes No</span></p> <p>10. Muscular-skeletal disorders: Impacting ability to drive? <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">Is an on road assessment indicated? <span style="float: right;">Yes No</span></p> <p>11. Epilepsy: <span style="float: right;">Yes No</span></p> <p style="padding-left: 40px;">_____ Date of first seizure      _____ Date of Last seizure</p> <p>12. Other Neurological Disorders: (CVA, Parkinson's, TIA, Paralysis, cognitive, Narcolepsy, Non-Epileptic Convulsions, etc.) <span style="float: right;">Yes No</span></p> <p>13. Other disorders affecting ability to drive: (Vertigo, hypotension, loss of consciousness, fainting, cachexia, senility, side- effects of medication, etc.) <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">If yes to either 12 or 13, is an on-road assessment indicated? <span style="float: right;">Yes No</span></p> <p>14. Mental Illness: (Psychosis, personality disorders, etc.) <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">Estimate of Emotional Stability _____</p> <p>15. Should the driver be restricted? <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">Indicate Restriction: _____</p> <p>16. Is a second medical opinion required? <span style="float: right;">Yes No</span></p> <p style="padding-left: 20px;">If yes, with whom? _____</p> <p>17. What recall timeframe would you suggest? _____</p> <p>18. Is examining physician the family doctor or treating specialist? <span style="float: right;">Yes No</span></p> <p>19. How long has the patient been under your care? _____ Years</p>		Right	Left	Both		Visual	6/	6/	6/	Uncorrected	Acuity	6/	6/	6/	Corrected
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Acuity	6/	6/	6/	Corrected												
<p>Comments (Use a Separate Sheet if Necessary): _____</p> <p>_____</p> <p>_____</p>																
<p>Name and address of Physician (in block letters)</p> <p>_____</p> <p style="text-align: right;">Date of Examination</p> <p>Signature _____</p> <p>Telephone (office) _____</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 it as correct.</p> <p>Driver's Signature : _____</p>																