

Driver's Medical Examination Report



Under Section 280 of the Motor Vehicle Act the Registrar of Motor Vehicles requires you to have this form completed for one of the following reasons: correspondence reporting a possible medical condition that may affect driving has been received from a medical professional, police agency, or other person, it is time to review the status of a previously identified driving-related medical condition, or because you hold or have applied for a Class 1, 2, 3, or 4 driver's licence.

This form must be completed by a licenced medical practitioner who has recently attended you and who is familiar with your medical history.

If you have a medical condition(s) that may relapse, recur or deteriorate, you may be required to submit follow-up medical reports completed by your physician.

If you have any questions please contact department staff in the Medical Section at **(902) 424-5732**.

The contents of any driver record are available for inspection by the driver.

PLEASE NOTE: *Any and all costs relevant to the completion and submission of this medical form are the responsibility of the driver.*


NOVA SCOTIA
Service Nova Scotia
and Municipal Relations

PART 1 – Patient Consent for Physician to Report Medical Information

Name: _____
Address: _____
Postal Code: _____
Driver's Licence Master No: _____
Date of Birth: _____
Class of licence (check one): ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Telephone: Home () _____ Work () _____
Cellular () _____

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

PATIENT'S SIGNATURE DATE

PART 2 – Vision (with or without visual correction)

A – VISUAL ACUITY

- YES NO
 (a) for classes 3, 5, 6, 7 & 8 is visual acuity at least 20 / 40 (6 / 12) in better eye?
 (b) for classes 1, 2, & 4 is visual acuity at least 20 / 30 (6 / 9) in better eye and 20 / 50 (6 / 15) in poorer eye?

B – FIELD OF VISION

- YES NO
 (a) for classes 3, 5, 6, 7 & 8 is field at least 120° with both eyes open and examined together?
 (b) for classes 1, 2 & 4 is field at least 120° in each eye tested separately?
 Does the patient meet the vision standards to safely operate the class of motor vehicle as checked above?

- YES NO
 Visual field defect
If "Yes," please explain _____

- Is visual correction required for driving
 Diplopia
 Diseases of the Eye
If "Yes," please explain _____
 Ophthalmologist Optometrist GP

PHYSICIAN'S SIGNATURE DATE

TELEPHONE NO.

PART 3 – Medical History and Physical Examination

A – ALCOHOL ABUSE

- YES NO
 Clinical diagnosis of alcoholism
 If "Yes," is the problem under control?
 If "Yes," how long has control been maintained? _____

B – DRUG USAGE

- Clinical diagnosis of drug addiction
 Is patient taking any drugs that would cause impairment of driving ability?
If "Yes," please state drug(s) name and dosage:

C – RESPIRATORY DISEASES

- YES NO
 Does patient have evidence of severe respiratory impairment?
 Supplementary oxygen
 continuous oxygen supplementary oxygen

D – PERIPHERAL VASCULAR DISEASES

- Current history or evidence of:
YES NO
 Aortic aneurysm, size of aneurysm _____
 Peripheral arterial vascular disease
 Diseases of the veins
Please comment if the above condition(s) are not treated successfully _____

E – CEREBROVASCULAR DISEASES

- Current history or evidence of:
YES NO
 Cerebrovascular Accidents including TIA's
If "Yes," date of event _____
 Cerebral aneurysm
 If "Yes," has patient undergone surgical treatment?
If "Yes," date of surgery _____

F – HEARING LOSS

- YES NO
 Any significant degree of hearing loss?
If "Yes," please explain: _____

G – RENAL DISEASE

- Is patient receiving intermittent hemodialysis?
 Renal transplant
If "Yes," date of transplant _____

H – MUSCULOSKELETAL DISABILITIES

- YES NO
 Evidence of musculoskeletal condition such as amputation, arthritis, disease of the spine, etc. likely to impair the ability to operate a motor vehicle safely?
If "Yes," please explain: _____

I – METABOLIC DISEASES

- YES NO
 Diagnosis of diabetes mellitus?
If "Yes," how is control maintained?
 Diet Oral medication Insulin-treated
 Is condition well-controlled?
Date of last hypoglycemic episode: _____

PART 3 – continued

J – PSYCHIATRIC DISORDERS

- YES NO
 Current history or evidence of an emotional disorder?
 If "Yes," is it likely to affect judgment or psychomotor ability?
 Current history or evidence of a personality disorder
 manifesting in anti-social, erratic or aggressive behaviour?
 If "Yes," is judgment impaired sufficiently to affect driver's
 abilities?
 Current history or evidence of psychotic illness?
 If "Yes," is judgment impaired sufficiently to affect driver's
 abilities?
 Current history or evidence of behavior and/or learning
 disabilities (e.g., ADD, ADHD, Tourette's syndrome)?

K – DISEASES OF THE NERVOUS SYSTEM

- YES NO
 Diagnosed with dementia or cognitive impairment.
 Please enclose report(s) from specialist.
 If "Yes," MMSE score _____ date _____
 Single unexplained episode of syncope (unexplained loss
 of consciousness)
 If "Yes," date of episode _____
 Episodes of recurrent syncope?
 If "Yes," please enclose neurological and cardiovascular
 assessments.
 Did patient have a seizure?
 If "Yes," was this a case of an unprovoked seizure?
 Date of episode _____
 Has patient been diagnosed with epilepsy?
 If "Yes," date of the most recent seizure _____
 Medication required to maintain seizure control?
 Has medication been changed or stopped on physician's
 advice?
 If "Yes," when? _____
 Have seizures only occurred during sleep and on
 awakening?
 If "Yes," please enclose waking EEG.
 Did patient suffer an alcohol withdrawal seizure?
 If "Yes," date of seizure _____

- YES NO
 Has patient been diagnosed with narcolepsy?
 If "Yes," how long has condition been controlled? _____
 Has patient been diagnosed with sleep apnea?
 If "Yes," is condition treated and controlled?
 How is condition treated? _____
 How long has it been controlled? _____
 Progressive disorder of coordination and muscle control
 (e.g., parkinson's disease, multiple sclerosis, amyotrophic
 lateral sclerosis)
 If "Yes," please provide information on degree and severity of
 disability _____

 Stable deficit (e.g., paralysis, nerve damage)
 If "Yes," please provide information on degree and severity of
 disability _____
 Vestibular disorder
 If "Yes," please explain: _____

L – CARDIOVASCULAR DISEASES

- Current history or evidence of:
 YES NO
 Coronary artery disease
 Coronary artery bypass surgery
 If "Yes," date of surgery _____
 Myocardial infarction, unstable angina
 If "Yes," date of last attack: _____
 Ischemic Heart Disease
 Congestive heart failure
 Cardiac arrhythmia
 Valvular heart disease
 Cardiomyopathy
 Artificial cardiac pacemaker
 Heart transplant
 Implantable cardioverter/defibrillator
 If "Yes," date of implantation _____

If "Yes," to any of the above, what is the
Canadian Cardiovascular Society Functional Classification:
 Class I Class II Class III Class IV

PART 4 – Recommendations Respecting Medical Fitness to Operate a Motor Vehicle

Reason for medical exam: Upgrade/renewal of Driver's Licence Collision/complaint Medical condition

Date of medical examination: _____

My recommendation(s), as a result of this examination, are

- Issue the class of licence applied for without restriction
 Issue a class 5 licence only
 Suspend licence pending driver's examination
 Suspend licence pending further medical examination
 Applicant not medically fit to drive any class of vehicle
 Driver's examination recommended
 Regular submission of medical reports due to chronic or
 progressive condition.

Family physician for how long? _____

Locum Walk-in First Visit Specialist

If Locum, Walk-in, or First visit, was the medical
 chart reviewed? YES NO

Physician's name: _____

Address: _____

Postal Code: _____

Telephone: () _____ Fax: () _____

**Enclose any reports or comments you feel appropriate.
 Please retain copy of medical report for your records.**

 PHYSICIAN'S SIGNATURE

Nova Scotia's Classified Driver's Licence System

DRIVER'S
LICENCE
CLASS

PERMITTED TYPES OF VEHICLES

- | | |
|---|--|
| 1 | Tractor-trailer units and class 2, 3, 4 and 5 vehicles |
| 2 | Buses (24 or more passengers) and class 3, 4 and 5 vehicles |
| 3 | Single unit trucks (gross vehicle weight exceeds 14,000 kg) and class 4 and 5 vehicles. Not permitted to operate class 4 vehicles with monocular vision. |
| 4 | Taxis, ambulances, small buses (under 24 passengers) class 5 vehicles, and driver training vehicles |
| 5 | Single vehicles under 14,000 kg – cars, light single unit trucks |
| 6 | Motorcycles only (also valid as a learner in other vehicles) |
| 7 | Learner |
| 8 | Farm tractor only (if 16 years old also valid as a learner in other vehicles) |

ENDORSEMENTS TO A DRIVER'S LICENCE

- | | |
|----|---|
| A | valid for any motorcycle and motor-driven cycle |
| B | valid for school bus |
| C | valid for any motorcycle and school bus |
| D | valid for motorcycle with engine size of 100 cc or less and motor-driven cycle |
| E | valid for school bus and motorcycle with engine size of 100 cc or less and motor-driven cycle |
| 03 | valid for vehicle equipped with air brakes |

Commercial drivers are required to submit a Driver's Medical Report upon five year licence renewal, and annually after the age of 65.

Effective March 31, 1999, Canadian commercial vehicle drivers will no longer be required to carry a medical card for inspection by United States officials as proof of medical fitness. Canada and the US have agreed to the following prohibitions:

1. People with insulin-dependent diabetes will not be qualified to operate a commercial vehicle in the US
2. Hearing-impaired drivers in Canada who do not meet the US standard will not be qualified to operate a commercial vehicle in the US
3. Canadian drivers who have a diagnosis of epilepsy will not be qualified to operate a commercial vehicle in the US

Motor Vehicle Act Requirements

The Motor Vehicle Act gives the Department the responsibility and authority to determine if a person applying for a driver's licence is medically fit to operate a motor vehicle in a safe manner. The Act also authorizes the Department to suspend a driver's licence of a person believed to be medically unfit to safely operate a motor

vehicle. It is also possible to impose special conditions on a driver's licence. The government is given the authority to establish a system of classified driver's licences, and medical standards for those various classes of licence and appoint a Medical Advisory Committee to assist the Department in its assessment of medical information.

Medical Advisory Committee on Driver Licensing and Medical Standards

The contents of the medical report will be reviewed by Department staff and may be referred to a Committee of medical specialists (i.e, Medical Advisory Committee) who make recommendations on clients' medical fitness to safely drive. Regulations written under the Motor Vehicle Act provide the basis for the determination of medical fitness to

operate a motor vehicle. Detailed individual assessment is made with reference to the Canadian Council of Motor Transport Administrators' medical standards. A Medical Advisory Committee member represents Nova Scotia at the national level (CCMTA) for the purpose of evaluating the medical fitness standards for all drivers.