Medical Examination Report

Concerning a Person's Fitness to Drive a Motor Vehicle

Driver Fitness
Box 6300
Winnipeg MB R3C 4A4
Tel: 204-985-1900 Fax: 204-953-4992 Toll Free: 1-866-617-6676

REASON FOR REPORT (SEE "X")

- ☐ APPLICANT FOR CLASS ____
- ☐ CLASS LICENCE RECALL
- ☐ REGISTRAR RECALL
- ☐ REGISTRAR REQUIREMENT
- ☐ MEDICAL QUESTIONNAIRE
- ☐ SUSPENSION
- ☐ MEDICAL REVIEW COMMITTEE
- ☐ OTHER ____

DATE OF BIRTH		CLASS / STAGE	RESTRICTION

THIS REPORT IS TO BE COMPLETED AND RETURNED TO DRIVER FITNESS

BY:

MPI/Agent Use Only

Driver's Licence Number

Medical Code	Auth	Frequency	Highest Class	Medical Action

HEALTH HISTORY AND PHYSICAL EXAMINATION

PLEASE ✓ AND COMPLETE RELEVANT INFORMATION

A CARDIO/CEREBRO/VASCULAR DISEASE * (Complete Sec. N-1)

1 ☐ NO APPRECIABLE DISEASE
2 ☐ HYPERTENSION **(Complete Sec. L)**
3 ☐ ANGINA PECTORIS *
4 ☐ CORONARY ARTERY DISEASE *
5 ☐ MYOCARDIAL INFARCTION *
6 ☐ CARDIAC ARRHYTHMIA *
7 ☐ VALVULAR HEART DISEASE *
8 ☐ CORONARY BYPASS SURGERY *
9 ☐ VALVE REPLACEMENT *
10 ☐ CARDIAC PACEMAKER *
11 ☐ C V ACCIDENT
12 ☐ TRANSIENT ISCHEMIC ATTACKS
13 ☐ PERIPHERAL VASCULAR DISEASE
14 ☐ OTHER (COMMENT) *

B METABOLIC-ENDOCRINE DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ DIABETES MELLITUS (Complete Sec. N-2)
3 ☐ OTHER (COMMENT)

C MUSCULOSKELETAL DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ LOSS - ALL OR PART OF A LIMB
3 ☐ PAIN/DECREASED MOVEMENT LIMB/SPINE
4 ☐ MUSCLE WEAKNESS LIMB/SPINE
5 ☐ OTHER (COMMENT)

D NERVOUS SYSTEM DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ FAINTING SPELLS/BLACKOUTS
3 ☐ EPILEPSY/SEIZURES (Complete Sec. N-3)
4 ☐ NARCOLEPSY
5 ☐ OBSTRUCTIVE SLEEP APNEA (Complete Sec. N-7)
6 ☐ POOR CO-ORDINATION
7 ☐ MUSCLE WEAKNESS
8 ☐ MULTIPLE SCLEROSIS
9 ☐ DECREASED COGNITIVE FUNCTION
10 ☐ DEMENTIA
11 ☐ OTHER (COMMENT)

E PSYCHIATRIC DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ DEPRESSION (Complete Sec. N-6)
3 ☐ OTHER

F RENAL DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ RENAL FAILURE
3 ☐ RENAL DIALYSIS
4 ☐ OTHER (COMMENT)

G RESPIRATORY DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ C.O.P.D. (Complete Sec. N-5)
3 ☐ OTHER (COMMENT)

I DISEASES OF THE SENSES

1 ☐ NO APPRECIABLE DISEASE
2 ☐ VISUAL FIELD DEFECT
3 ☐ OCULAR DISEASE
4 ☐ HEARING LOSS: L. EAR ☐ R. EAR ☐
5 ☐ VERTIGO
6 ☐ OTHER (COMMENT)

J OTHER CONDITIONS

1 ☐ NONE
2 ☐ ALCOHOL USE DISORDER } (See N-4)
3 ☐ SUBSTANCE USE DISORDER } (See N-4)
4 ☐ AFFECTED BY RX DRUG
5 ☐ PHYSIOLOGIC CHANGES OF AGING-PHYSICAL OR MENTAL
6 ☐ OTHER (COMMENT)

L 1. **BLOOD PRESSURE:** SYSTOLIC ____ DIASTOLIC ____

2. **WEIGHT** ____ LBS/KGS

K MEDICATION PLEASE ✓ CURRENT MEDICATION(S)

1 ☐ NO MED
2 ☐ SEDATIVE
3 ☐ NARCOTIC
4 ☐ ANTI-ANGINAL
5 ☐ TRANQUILIZER
6 ☐ ANTICONVULSANT
7 ☐ INSULIN
8 ☐ ANTIHYPERTENSIVE
9 ☐ OTHER ____

M 1. **VISUAL ACUITY:**

	RIGHT	LEFT	BOTH
WITHOUT CORRECTIVE LENSES			
WITH CORRECTIVE LENSES			

2. **VISUAL FIELDS** (STATE IN DEGREES)

____ ° RIGHT ____ ° LEFT

DATE ____ SIGNATURE AND TITLE OF PERSON COMPLETING THE VISION TEST ____

N* 1. IF **CARDIAC:** a) NYHA LEVEL 1☐ 2☐ 3☐ 4☐
b) **MI:** ST elevation MI ☐ Non ST elevation MI ☐
c) LV damage: significant ☐ minor ☐
d) Ejection fraction: ____%

2. **DIABETES:** TYPE 1 ☐ TYPE 2 ☐ ONSET OF ILLNESS ____
DATE OF LAST SEVERE HYPOGLYCEMIC EPISODE ____

3. **EPILEPSY/Seizures:** Seizures Onset ____
DATE OF LAST SEIZURE ____ SYMPTOMS ____ NOCTURNAL? ____

4. **ALCOHOL/SUBSTANCE USE DISORDER:** MILD ☐ MODERATE ☐ SEVERE ☐
IN REMISSION? EARLY ☐ SUSTAINED ☐ DATE ACHIEVED REMISSION ____
REHABILITATION PROGRAM COMPLETED? DESCRIBE ____

5. **RESPIRATORY IMPAIRMENT:** MILD ☐ MODERATE ☐ SEVERE ☐
CONTINUOUS O_2 USE? YES ☐ NO ☐

6. **DEPRESSION:** a) MILD ☐ SITUATIONAL ☐ CHRONIC ☐ MAJOR ☐ b) STABLE ☐ UNSTABLE ☐

7. **OBSTRUCTIVE SLEEP APNEA:** OSA: Treated YES ☐ NO ☐
Daytime Sleepiness YES ☐ NO ☐ AHI ____ Attach Sleep Studies

O DOES THIS DRIVER HAVE A COGNITIVE DEFICIT? YES ☐ NO ☐
IF YES OR UNCERTAIN, DESCRIBE BELOW

P PLEASE DESCRIBE IN DETAIL INFORMATION IDENTIFIED IN A-O.

1. ____

2. ATTACH RELEVANT TEST RESULTS (EKG, EEG, IMAGING, ETC)

Q 1. HOW LONG HAS THIS PATIENT BEEN UNDER YOUR CARE? ____

2. DO YOU RECOMMEND ANY DRIVING RESTRICTIONS? YES ☐ NO ☐
PLEASE SPECIFY ____

3. DO YOU RECOMMEND REMOVING THE LICENCE? YES ☐ NO ☐

4. DO YOU RECOMMEND A SPECIALIST'S OPINION IN SUPPORT OF A DRIVER'S LICENCE? YES ☐ NO ☐
SPECIALTY OF ____

5. HIGHEST CLASS OF LICENCE RECOMMENDED. ____

PHYSICIAN'S SIGNATURE ____ PHYSICIAN'S NAME (PRINTED) ____

DATE OF EXAMINATION ____ PHYSICIAN'S TELEPHONE NO. ____

I AUTHORIZE MY PHYSICIAN TO RELEASE THIS INFORMATION TO MANITOBA PUBLIC INSURANCE AND DRIVER ASSESSMENT AND MANAGEMENT PROGRAM.

DATE ____ SIGNATURE ____ TELEPHONE NO. ____

I AUTHORIZE MANITOBA PUBLIC INSURANCE TO RELEASE DRIVER TEST RESULTS TO MY PHYSICIAN.

DATE ____ SIGNATURE ____ TELEPHONE NO. ____

MPI USE ONLY ☐ MEDICALLY FIT ☐ MEDICALLY UNFIT ☐ FURTHER INFORMATION PROCESSED BY: ____

It is recommended that you keep a copy of this document for your records

This information is requested by Manitoba Public Insurance pursuant to Section 18 of The Drivers and Vehicles Act. Manitoba Public Insurance will use the information you provide for the purposes specifically stated on this form, related purposes set out in The Highway Traffic Act and The Drivers and Vehicles Act, and for any other purposes authorized by law.

Pursuant to Section 157(1) of The Highway Traffic Act, physicians and optometrists are required to report any driver who may have a disease or disability that may be expected to interfere with the safe operation of a motor vehicle.

To the Driver/Applicant:

Pursuant to Section 18(1) of The Drivers and Vehicles Act, a physician or nurse practitioner aware of your medical history must complete this report. Return the completed report to your nearest Manitoba Public Insurance Service Centre, or by fax or mail to the address on this form.

Please be advised:

i. Pursuant to Section 18(5) or 18(8) of The Drivers and Vehicles Act, your driver's licence is subject to cancellation if you fail to comply within the time specified or, if you have a disease or disability that may interfere with the safe operation of a motor vehicle.

ii. If your licence has been declassed, suspended or cancelled, Driver Fitness will notify you regarding your eligibility to hold a driver's licence only after the medical reports are submitted and reviewed.

iii. If you are the holder of a Class 1-4 driver's licence and do **not** wish to maintain this licence class, please report to your nearest Autopac agent or Manitoba Public Insurance Service Centre to declass your licence. This report may still be required to maintain a Class 5 licence.

iv. A vision screening (Section M) may be completed for no charge at your nearest Manitoba Public Insurance Service Centre or mobile testing unit. Visit mpi.mb.ca for locations.

v. A vision screening is not a comprehensive eye examination. If your vision has deteriorated, please see your eye care practitioner. If the vision screening results do not meet the vision standards, a vision examination report may be requested.

vi. The cost of a medical report requested by a third party, including any related examination, report, test or telephone call to the physician is not covered by Manitoba Health and is the responsibility of the individual concerned.

vii. If you are applying for a Class 1-4 licence, this medical report is valid for six months from the date it was completed by your physician. If you do not obtain a Class 1-4 authorized instruction within that six-month period, an updated medical report will be required.

To the Examining Physician or Nurse Practitioner: Please complete the report on reverse in full.

This personal health information will be disclosed by Manitoba Public Insurance to the individual upon request unless, in your opinion, knowledge of the information could reasonably be expected to endanger the health and safety of the individual or another person, or identify a third party. For detailed information concerning medical standards, please consult the Canadian Council of Motor Transport Administrators, Medical Standards for Drivers.

Based on the information in the medical report, Manitoba Public Insurance may forward a referral to the Health Sciences Centre, Driving Assessment and Management Program. You will be identified as the referring health care provider.

Your fee for completing this report is not covered by Manitoba Health or Manitoba Public Insurance.

Thank you for your cooperation,

Registrar of Motor Vehicles

Ce document peut être obtenu en français sur demande