To the Driver / Applicant:

Pursuant to Section 18(1) of The Drivers and Vehicle Act, a physician 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 above.

Please be advised:

i. Pursuant to Section 18(5) or 18(8) of The Drivers and Vehicle Act, we are obligated by law to cancel or declass your driver’s licence, if you fail to comply within the time specified or, if you have a disease or disability that may be expected to interfere with the safe operation of a motor vehicle in the classes of licence you hold.

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 a Class 1 - 4 licence, please report to your nearest Autopac Agent or Manitoba Public Insurance Service Centre to declass your 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.

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 6 months from the date it was completed by your physician. If you do not obtain a Class 1 - 4 authorized instruction within that 6 month period, an updated medical report will be required.

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.

Thank you for your cooperation.

Registrar of Motor Vehicles

To the Examining Physician:

Please complete the attached form.

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 or safety of the individual or another person, or identify a third party. For detailed information concerning the 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 (DAMP). You will be identified as the referring physician.

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.)
Medical Examination Report

Concerning a Person’s Fitness

to Drive a Motor Vehicle

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 SEX CLASS RESTRICTION STAGE BY: THIS REPORT IS TO BE COMPLETED AND RETURNED TO DRIVER FITNESS

NO APPRECIABLE DISEASE CARDIO/CEREBRO/VASCULAR DISEASE

A

1. NO APPRECIABLE DISEASE
2. HYPERTENSION (Complete Sec. L)
3. ANGINA PECTORIS *
4. CORONARY ARTERY DISEASE *
5. MYOCARDIAL INFARCTION *
6. CARIDAC 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
4. MUSCLE WEAKNESS
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)

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-4)
3. OTHER (COMMENT)

H 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)

I OTHER CONDITIONS

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

J OTHER CONDITIONS

1. NONE
2. ALCOHOL USE DISORDER
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 _______

K MEDICATION PLEASE ✓ CURRENT MEDICATION(S)

1. NO MED 2. SEDATIVE 3. NARCOTIC 4. ANTI-ANGINAL
5. TRANSQUILIZER 6. ANTIHYPERTENSIVE
9. OTHER

M 1. VISUAL ACUITY: RIGHT LEFT BOTH

WITHOUT CORRECTIVE LENSES

WITH CORRECTIVE LENSES

2. VISUAL FIELDS (STATE IN DEGREES)

RIGHT LEFT

PART 2

Date of Last Seizure
Symptoms
Nocturnal?

DATE OF LAST SEVERE HYPOGLYCEMIC EPISODE

DATE OF LAST SEIZURE

SUSPENSION

DO YOU RECOMMEND ANY DRIVING RESTRICTIONS?

YES NO

DO YOU RECOMMEND A SPECIALIST’S OPINION

IN SUPPORT OF A DRIVER'S LICENCE?

YES NO

DOES THIS DRIVER HAVE A COGNITIVE DEFICIT?

YES NO

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

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

DATE SIGNATURE

INFORMATION PROCESSED BY:

MPI/Agent Use Only

4/30/2019

Winnipeg MB R0C 4M4
Tel: 204-985-1900 Fax: 204-953-4992 Toll Free: 1-866-617-6676

#400-1300 Bannatyne Avenue Winnipeg MB R2W 2M8
Tel: 204-985-0770 Fax: 204-953-9747

#210-1051 Pembina Highway Winnipeg MB R3T 2H9
Tel: 204-985-1111 Fax: 204-953-9747

https://www.manitoba.ca/publicinsurance/about/howtoapply/driverlicenceservices/drivermedicals/testing/ medicaltest.html

3202-35-B6 MG-3979 FDG0092 (R-01/19)