



Driver Fitness
Programme de vérification de l'aptitude à conduire
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**REPORT TO THE REGISTRAR OF MOTOR VEHICLES CONCERNING THE DISEASE OR DISABILITY OF PERSON
PURSUANT TO SECTION 157(1) OF THE HIGHWAY TRAFFIC ACT**

This report cannot be processed unless the person is properly identified.

Complete all fields.

Patient Information

Name:	Address:	Date of Birth:
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Patient Medical Information (required)

Provide a brief description of disease or disability and date of occurrence, if applicable. If vision related, please include uncorrected and corrected visual acuity, pathology and horizontal fields.

Recommendations

- Withdrawal of driving privileges pending further investigation
- Other recommendations (provide details below)

Additional Information

Physician's or Optometrist's Name

Signature of Reporting Physician or Optometrist

Date

Telephone No.

Once complete and signed, send this form to Driver Fitness for processing.
For information on medical standards for drivers, please visit the [Information for health care professionals'](#) page on our website (mpi.mb.ca).