

# Transportation and Active Transit Driver's Medical Examination Report



If you have any questions, please call the Medical Fitness section at 902-424-5732

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## PART 1: Patient Consent for Physician to Report Medical Information

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Driver's Licence Master No.: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Class of licence applied for (check one): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

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

PATIENT'S SIGNATURE \_\_\_\_\_

DATE (DD/MM/YYYY) \_\_\_\_\_

## PART 2: Vision – Check and complete applicable boxes

**VISUAL ACUITY** MEETS ACUITY FOR LICENCE CLASS ☐  
(With OR without corrective lenses)

Uncorrected R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

Corrected R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

☐ Requires visual correction

**ACUITY:** Class 3, 5, 6, 7 and 8 not less than 20/40 (6/12) in better eye.  
Class 1, 2 and 4 not less than 20/30 (6/9) in the better eye,  
poorer eye not less than 20/50 (6/15).

**VISUAL FIELD** MEETS FIELD FOR LICENCE CLASS ☐

☐ Abnormal. Explain \_\_\_\_\_

☐ Ocular condition that could affect driving, including colour blindness.

Explain \_\_\_\_\_

**FIELD:** Class 3, 5, 6, 7 and 8: 120 degrees horizontal, both eyes  
opened and examined together.  
Class 1, 2 and 4: 120 degrees horizontal in each eye.

**MEDICAL PROFESSIONAL DETAILS (if different from PART 5):** Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 3: Examination Report – Check “Nothing to Report” or check and complete applicable condition(s)

**VASCULAR** **NOTHING TO REPORT** ☐

☐ 1. Coronary Artery Disease \_\_\_\_\_

☐ 2. Angina Pectoris \_\_\_\_\_

Canadian Cardiovascular Society Functional Class

☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

☐ 3. Myocardial Infarction: Date \_\_\_\_\_

☐ 4. Congestive Heart Failure \_\_\_\_\_

☐ 5. Arrhythmia: \_\_\_\_\_

☐ 6. Peripheral Vascular Disease \_\_\_\_\_

☐ 7. Aneurysm: Location: \_\_\_\_\_ Size: \_\_\_\_\_

☐ 8. Heart Surgery

☐ Angioplasty: Date \_\_\_\_\_

☐ CABG: Date \_\_\_\_\_

☐ Pacemaker: Date \_\_\_\_\_

☐ ICD: Insertion Date \_\_\_\_\_

☐ Primary ☐ Secondary

Last Discharge Date \_\_\_\_\_

☐ Transplant: Date \_\_\_\_\_ ☐ LVAD

☐ 9. Other: \_\_\_\_\_

**CENTRAL NERVOUS SYSTEM** **NOTHING TO REPORT** ☐

☐ 1. CVA Date \_\_\_\_\_ ☐ TIA Date \_\_\_\_\_

☐ 2. Seizure disorder ☐ Diagnosis of epilepsy.

Date of last seizure \_\_\_\_\_

Medication required? ☐ YES ☐ NO

☐ 3. Syncope Type: \_\_\_\_\_

☐ Single Episode: Date \_\_\_\_\_ ☐ Recurrent

☐ Recurrent

☐ 4. Sleep Disorder:

☐ OSA. Treated? ☐ YES How: \_\_\_\_\_ ☐ NO

☐ Mild ☐ Moderate ☐ Severe

☐ Narcolepsy Treated? ☐ YES ☐ NO

☐ 5. Stable Deficit: \_\_\_\_\_

☐ 6. Progressive Disorder (ALS, Parkinsons, MS): \_\_\_\_\_

☐ 7. Vestibular Disorder: \_\_\_\_\_

☐ 8. Cognitive Impairment: \_\_\_\_\_

MMSE Score: \_\_\_\_\_ Date: \_\_\_\_\_

MOCA Score: \_\_\_\_\_ (DD/MM/YYYY)

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

Driver's Master No.: \_\_\_\_\_

## Part 3: Examination Report – continued – Check "Nothing to Report" or check and complete applicable condition(s)

### RESPIRATORY NOTHING TO REPORT ☐

- ☐ 1. Respiratory Impairment \_\_\_\_\_  
☐ Mild ☐ Moderate ☐ Severe
- ☐ 2. Supplemental Oxygen \_\_\_\_\_  
☐ Occasional ☐ Continuous

### METABOLIC NOTHING TO REPORT ☐

- ☐ 1. Diabetes. Treated by:  
☐ Diet ☐ Oral Medication ☐ Insulin  
☐ Well controlled ☐ Not well controlled
- ☐ 2. Severe Hypoglycemia :  
 Date of last episode \_\_\_\_\_
- ☐ 3. Hypoglycemia Unawareness:  
 Date of last episode \_\_\_\_\_
- ☐ 4. Complications Related to Diabetes  
☐ Peripheral Vascular ☐ Retinopathy  
☐ Neuropathy \_\_\_\_\_

For all Commercial Drivers or Any Driver if not well controlled

HbA1C Level: \_\_\_\_\_ Date \_\_\_\_\_

Blood Glucose: \_\_\_\_\_ Date \_\_\_\_\_  
 (DD/MM/YYYY)

### MUSCULOSKELETAL NOTHING TO REPORT ☐

- ☐ 1. Amputation: \_\_\_\_\_
- ☐ 2. Weakness: \_\_\_\_\_
- ☐ 3. Impaired range of motion: \_\_\_\_\_

### PSYCHIATRIC NOTHING TO REPORT ☐

- ☐ 1. Psychosis
- ☐ 2. Personality Disorder
- ☐ 3. Severe depression or anxiety
- ☐ 4. Other: \_\_\_\_\_

### RENAL DISEASE NOTHING TO REPORT ☐

- ☐ 1. Dialysis
- ☐ 2. Transplant: Date \_\_\_\_\_
- ☐ 3. Nephropathy

### SUBSTANCE USE/ABUSE NOTHING TO REPORT ☐

- ☐ 1. Alcohol Abuse  
☐ Under control Since: \_\_\_\_\_  
☐ Not controlled
- ☐ 2. Alcohol Related Seizure: Date \_\_\_\_\_
- ☐ 3. Drug Abuse  
☐ Substance: \_\_\_\_\_  
☐ Under control Since: \_\_\_\_\_  
☐ Not controlled

### MEDICATION NOTHING TO REPORT ☐

- ☐ 1. List medication(s) that could cause impairment:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### HEARING NOTHING TO REPORT ☐

- ☐ 1. Significant Hearing Loss. Corrected? ☐ YES ☐ NO  
 (Classes 1 – 4 only)  
 Perceives a forced whispered voice at not less than 5 feet  
 (1.5 metres) with or without the use of a hearing aid or,  
 hearing loss no greater than 40dB averaged at 500, 1000, and  
 2000 Hz in their better ear

### OTHER CONDITIONS NOTHING TO REPORT ☐

(that may affect driving)

- ☐ 1. General Debility
- ☐ 2. Other \_\_\_\_\_

## Part 4: Opinion and Recommendations

### PHYSICIAN'S STAMP

☐ Aware of Collision (if applicable)

### ISSUE LICENCE AS APPLIED FOR ☐ OR:

- ☐ 1. Issue licence with restrictions: \_\_\_\_\_
- ☐ 2. Road test required
- ☐ 3. Suspend licence pending: \_\_\_\_\_
- ☐ 4. Suspend – unlikely to improve

## Part 5: Medical Professional Details

- ☐ Family Physician, for \_\_\_\_\_ years
- ☐ Walk in or Locum **Chart Reviewed** ☐ YES ☐ NO
- ☐ Specialist
- ☐ Nurse Practitioner

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

Address \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ Postal Code: \_\_\_\_\_

FAX ( ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE (DD/MM/YYYY) \_\_\_\_\_