

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

D.L. # \_\_\_\_\_

Class: \_\_\_\_\_

An answer of yes to either question below requires clarification in the comments section below.

1. Visual Problems: (glaucoma, cataracts, retinitis, retinopathy, etc.)? YES NO

Please complete the following:

	Right	Left	Both	
Visual	6/	6/	6/	Uncorrected
Acuity	6/	5/	6/	Corrected

AND provide the continuous Horizontal Visual Field \_\_\_\_\_ degrees both eyes open & examined together (N >= 120° for private; N >/150° for commercial).

BOTH EYES open & examined together:

2. Cardiac conditions: (atherosclerotic disease, Angina, infarct, arrhythmia, surgery, CHF)? YES NO

If CHF please provide latest ejection fraction \_\_\_\_\_ %

If ICD please provide date of last activation \_\_\_\_\_

Please circle function class (N.Y.H.A)  
I II III IV

3. Vascular conditions: (Aneurysm, Embolism, TIA, etc.)? YES NO

4. Aneurysm of the Aorta? YES NO

5 cm or more: YES NO ; Surgery: YES NO

5. Diagnosis of chronic abuse/dependence on alcohol or drugs? YES NO

Alcoholism: YES NO Sober since: \_\_\_\_\_  
Year Month Day

Drugs: YES NO Abstinence since: \_\_\_\_\_  
Year Month Day

To your knowledge, is this driver on any medication/substances that could cause impairment of driving ability? YES NO

If "yes" to the above question, please name drug(s)/substance(s).  
\_\_\_\_\_

6. Hearing Loss: Right: YES NO ; Left: YES NO

Comments (Use a Separate Sheet if Necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of Physician (in block letters)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Telephone (office): \_\_\_\_\_ Date of Examination \_\_\_\_\_

7. Respiratory Insufficiency: (asthma, severe dyspnea, etc.)? YES NO

If yes, circle functional class I II III IV

8. Diabetes Mellitus? YES NO

Age of Onset \_\_\_\_\_

Medication Type and Dose \_\_\_\_\_

Under control YES NO

Severe hypoglycemia (intervention by an outsider)? YES NO

If yes, date of last episode \_\_\_\_\_

Hypoglycemic awareness YES NO

9. MSK disorder impacting ability to drive? YES NO

10. Other Neurological Disorders: (CVA, Parkinson's, TIA, Paralysis, Cognitive, Narcolepsy, Non-Epileptic Seizures, etc.)? YES NO

11. Epilepsy? YES NO

Date of first Seizure \_\_\_\_\_ Date of Last seizure \_\_\_\_\_

12. Other disorders affecting ability to drive: YES NO (vertigo, hypotension, LOC, fainting, Cachexia, senility, side - effects of meds, etc.)?

13. Mental Illness (Psychosis, personality disorders, etc.)? YES NO

Estimate of Emotional Stability \_\_\_\_\_

14. Based on the medical history and clinical exam,

Is a functional on road driving assessment indicated? YES NO

Should the driver be restricted? YES NO

Indicate Restriction/s if applicable: \_\_\_\_\_

15. Is a second medical opinion required? YES NO

If yes, with whom? \_\_\_\_\_

16. What recall timeframe would you suggest? \_\_\_\_\_

17. Examining physician family doctor/treating specialist? YES NO

18. How long has the patient been under your care? \_\_\_\_\_

Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Driver's Licence. Section 6 allows Motor Registration Division to disclose an applicant's personal information to other health professionals for the purpose of medical assessments related to driving requirements. Questions can be directed to the Medical Section at (709) 729-0345 or 1-877-636-6867.

Driver's Signature authorizing release of information and certifying that information provided is correct.

Driver's Signature \_\_\_\_\_

## Medical Examination Report Concerning a Person's Ability to Drive

A medical examination report is required either because of the class of licence you hold, the class of licence you are applying for, your age or because you have a medical file with us.

Please have your medical doctor complete the form on the back of this letter and return it to the Medical Section at the address above. Please note that you are responsible for any costs.

If you are unable to meet this request or if you have any questions you can call the Medical Section at 709-729-0345 or toll free at 1-877-636-6867.

Thank you in advance for your cooperation.

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### For Physician Use Only

**Cardiac** – if clinical or objective diagnosis of heart disease, the N.Y.H.A as follows:

<b>Class I -</b>	no functional impairment, 7 METS or more
<b>Class II -</b>	mild functional limitation, only on major physical effort, METS 5-7
<b>Class III -</b>	moderate impairment, symptoms on light physical activity, METS 2-4
<b>Class IV -</b>	severe impairment, symptoms at rest

*A period based assessment by a cardiologist is required for professional drivers.*

**Aneurysm of the Aorta** – vascular surgeon's assessment may be required. If surgery has been done and recovery satisfactory, may be permitted to apply for or retain any Class of licence. AAA if  $\leq$  5.5cm may hold Class 5 or 6. Class 1, 2, 3 or 4 should not be issued. If AAA is  $\geq$  6.5 cm not eligible for any class of licence.

**Epilepsy** – if seizure free for 6 months, compliant with medication & under regular medical care, may hold a Class 5. If seizure free on/off medication for 5 years & receives a favourable report from the usual/treating Neurologist/Physician, may hold any Class of licence.

**Neurological/MSK Disorders** – description of functional limitations required.

**Diabetes** – commercial drivers treated with insulin **MUST** maintain a log of their blood sugars.

**Medically diagnosed chronic abuse or dependence on alcohol or other substances** – must have successfully undergone treatment and be monitored for the condition by the same physician for at least 3-6 months.

**Respiratory Conditions** – if on supplemental oxygen or experiencing cognitive issues may be required to have an on road assessment of driving skills.

### CLASSES OF DRIVERS LICENCES

**Class 1-** Semi-trailer & Tractor trailer combinations

**Class 2 -** Buses (more than 24 passengers)

**Class 3 -** Trucks with 3 or more axles

**Class 4 -** Taxis, Buses ( $\leq$ 24 passengers), Emergency Vehicles and Ambulances

**Class 5 -** Private Vehicles

**Class 6 -** Motorcycles or Mopeds