**Driver's Medical Examination**

**A. History**

- Provide full information on the area(s) that, in your opinion, apply to the condition(s) being monitored and use section D as needed.
- Section C must be completed.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizure disorder</td>
<td></td>
<td>Provoked</td>
</tr>
<tr>
<td>Date of last seizure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcolepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYHA Functional Class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LVEF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral Vascular disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syncope Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAD (M1, angioplasty, CABG) Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implantable defibrillator Date</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
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**B. Vision Screening and Physical Findings Affecting Driving**

- May include EVF/VFT done within one year if available.

**C. Opinion**

- Having completed A & B as applicable, in your opinion, does patient have a condition that may affect driving:

  - NO
  - YES

- May in future - recommend follow-up in ______ years

**D. Details of Condition(s) That Affect or May Affect Driving**

- May include relevant specialists' reports or lab results.

**E. Recommendation(s)**

- Specialist Consult - Type

- Enclosed:  
  - Yes
  - No

- I will arrange:  
  - Yes
  - No

**F. Driver's Certification and Consent to Release Information**

1. I certify that the information I have given to the Physician or Nurse Practitioner completing this report is to the best of my knowledge true and complete.

2. I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my driving licence.

3. I authorize the release of this medical report and all past or future reports pertaining to diseases, disabilities and conditions that may affect driving to the Superintendent of Motor Vehicles.

**G. Relationship with Patient**

- Family physician or NP for ______ years

- Locum

- Walk-in

- First Visit

- NP

- Specialist

**Examination Date**

- Examination Date

- Physician's or NP's Signature

**Physician or NP: Fax to 250-952-6888 or Mail to RoadSafetyBC, P.O. Box 9254, STN PROV GOVT, VICTORIA, BC, V8W 9J2**
INSTRUCTIONS
NOTE TO DRIVER AND PHYSICIAN OR NURSE PRACTITIONER (NP):
The Superintendent of Motor Vehicles (RoadSafetyBC) has arranged that physicians may bill the Ministry of Health, through the Teleplan billing system, $75 to complete this form. RoadSafetyBC will reimburse Teleplan for such charges.

RoadSafetyBC has no authority to set the fee physicians or nurse practitioners charge. Physicians are entitled to set their own fee and to bill patients directly for either their full fee or any portion of the fee that exceeds the $75 the physician may bill through Teleplan.

RoadSafetyBC will accept a DME completed by any qualified medical practitioner in British Columbia.

To the driver:
- Under section 25 or 29 of the Motor Vehicle Act the Superintendent of Motor Vehicles requires you to have this form completed because you have disclosed a driving-related medical condition; it is time to review the status of a previously identified driving-related medical condition; or a report has been received from a medical professional, police officer, or other person reporting a possible medical condition that may affect driving about which more information is required. Refer to the “REASON FOR EXAMINATION AND CLASS” on the front of the form.
- This form must be completed and returned by your physician or NP to the Superintendent of Motor Vehicles within 45 days. If medical approval is required prior to obtaining a licence for any class, you will be unable to obtain that licence until the completed form is submitted and approved. If this medical examination is required for a class of licence you already have, your driver's licence may be cancelled if you fail to have the form completed and submitted by your physician or NP within 45 days. This means you will be unable to drive until the form is submitted and you are issued a new driver's licence.
- If you are currently prohibited from driving, this medical report must be completed and returned by your physician or NP before your driving privilege can be considered for reinstatement.
- If you do not wish to retain your present class of driver's licence, please present this report uncompleted and your driver's licence to the nearest ICBC Driver Licensing Office.
- If you have a medical condition that may relapse, recur or deteriorate, you may have to take future medical examinations.
- You will be notified in writing only if there is a change in your driver's licence status or if the Superintendent of Motor Vehicles requires further information.
- If you have any questions about the collection of your personal information you may contact the RoadSafetyBC branch at PO Box 9254 Str Prov Govt, at 250-387-7747 or toll-free at 1-855-387-7747.

To the examining physician or NP:
- It is essential to note the “Reason for Examination” and class of licence on the front of this form prior to completion.
- Refer to the “BC Driver Fitness Handbook for Medical Professionals” which can be found at http://www.pssg.gov.bc.ca/osmv/shareddocs/DriverFitnessManual.pdf. Additional driver medical fitness information, including a link to full text version of the 2010 B.C. Guide in Determining Fitness to Drive, can be found by visiting http://www.pssg.gov.bc.ca/osmv/Medical-Fitness/.
- Provide details of any medical conditions and medications that may affect driving in part D.
- Fax or mail the completed form as instructed on the front of this form. If you mail, you may wish to make a copy for your records.
- The fee code to submit for Teleplan billing is on the front of the form. Ensure the 7-digit driver's licence number is entered.

BRITISH COLUMBIA DRIVER LICENCE CLASSIFICATIONS
Quick Check Chart
(Guideline only - see Motor Vehicle Act Regulations for official purposes)

<table>
<thead>
<tr>
<th>Class</th>
<th>Permits Operation of:</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Any motor vehicle or combination of motor vehicles, except motorcycles</td>
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<td>2</td>
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<tr>
<td>3</td>
<td>All class 5 vehicles plus any motor vehicle with 3 or more axles, but not public passenger-carrying vehicles; towed vehicles cannot exceed 4600 kg</td>
</tr>
<tr>
<td>4 unrestricted</td>
<td>All class 5 vehicles, plus an ambulance, taxi, or school bus, special activity bus with seating capacity of not more than 25 persons, including driver</td>
</tr>
<tr>
<td>4 with restriction 17</td>
<td>All class 5 vehicles, plus an ambulance, taxi or special vehicle with a seating capacity of 10 or less</td>
</tr>
<tr>
<td>5 and 8</td>
<td>Any 2-axle motor vehicle, other than motorcycle, motorhomes, construction vehicles, may tow vehicles up to 4600 kg</td>
</tr>
<tr>
<td>6 and 8</td>
<td>Motorcycles, all terrain cycles or vehicle</td>
</tr>
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</table>

RESTRICITION / ENDORSEMENT DEFINITIONS

| 11 | QUALIFIED SUPERVISOR REQUIRED |
| 12 | RESTRICTED TO DAYLIGHT HOURS ONLY |
| 13 | CLASS 6 OR 8 NOT PERMITTED TO CARRY PASSENGERS |
| 14 | NO HWY 99 S, OR VAN, OR HWY 1 E. OF VAN, OR W. OF HWY 9 |
| 15 | PERMITTED TO OPERATE VEHICLES WITH AIR BRAKES |
| 16 | NOT PERMITTED TO OPERATE CLASS 2 OR 4 |
| 17 | NOT PERMITTED TO OPERATE BUSES |
| 18 | PERMITTED TO OPERATE SINGLE TRUCKS WITH AIR BRAKES ON INDUSTRIAL ROADS |
| 19 | PERMITTED TO OPERATE TRUCK TRAILER WITH AIR BRAKES ON INDUSTRIAL ROADS |
| 20 | PERMITTED TO OPERATE TRUCK TRAILER OF ANY GVW WITHOUT AIR BRAKES |
| 21 | CORRECTIVE LENSES REQUIRED |
| 22 | HEARING AID REQUIRED FOR CLASS 1, 2, 3, OR 4 OR FOR ENDORSEMENT 18/19 |
| 23 | CLASS 6 OR 8 RESTRICTED TO MOTOR SCOOTERS |
| 24 | FITTED PROSTHESIS / LEG BRACE REQUIRED |
| 25 | SPECIFIED VEHICLE MODIFICATIONS REQUIRED |
| 26 | RESTRICTED TO AUTOMATIC TRANSMISSION |
| 27 | NOT PERMITTED TO EXCEED 60 KM/H |
| 28 | NOT PERMITTED TO EXCEED 80 KM/H |
| 29 | NOT PERMITTED TO TRANSPORT DANGEROUS GOODS |
| 30 | QUALIFIED SUPERVISOR REQUIRED, ONE PASSENGER ONLY |
| 31 | RESTRICTED TO 5:00AM TO MIDNIGHT ONLY |
| 32 | NO OPERATING OF MOTOR VEHICLE WITH ALCOHOL IN BODY, MUST CLEARLY DISPLAY OFFICIAL NEW DRIVER SIGN |
Driver requires a complete physical examination.

- Sections B and C must be completed.
- Use sections A and D to provide details of any condition(s) that in your opinion may affect driving.

**A. HISTORY**  (Reference to the 2010 BC Guide to Drive in Determining Fitness to Drive: Web links are provided on the back of form)

- Acute loss
- Field defect
- Eye disease
- Other

**VISION**

- Visual check
- Elevation
- Reading
- Other

**HEARING**

- Hearing loss
- Tinnitus
- Other

**MUSCULOSKELETAL**

- Arthritis
- Weakness
- Range of motion loss
- Other

**CARDIOVASCULAR**

- Syncope
- Cause
- CAD (M.I., angioplasty, CABG) Date
- Arhythmia
- Pacemaker
- Implanted defibrillator
- Congestive heart failure: NYHA Functional Class
- LVEF
- Anaemia
- Site
- Size
- Peripheral Vascular disease
- Other

**CNS**

- Seizure disorder
- Provoked
- Epilepsy
- Date of last seizure
- Nociceptor
- Congenital condition (Cerebral palsy, etc.)
- Progressive deficit (Parkinson's, MS, ALS, etc.)
- Stable deficit (Paraplegia, Nerve damage, etc.)
- Cognitive impairment: MMSE/MSOA score
- Significant head injury
- Other

**RESPIRATORY**

- Oxygen required when driving
- Other

**ENDOCRINE**

- Diabetes
- Insulin
- Yes
- No
- Severe hypoglycemia:
- Date
- Hypoglycemia unawareness:
- Date
- Stable BG Control:
- Compliant w/ Treatment
- Other

**DRUGS AND ALCOHOL**

- Alcohol or drugs:
- Recent 2 years
- Alcohol related seizure:
- Other
- Addictions
- Hospitalized:
- Prescription:
- Psychiatric:
- Other

**OXYGEN**

- Other

**INSULIN**

- Yes
- No

**SEVERE HYPOGLYCEMIA**

- Date

**HbA1C**

- Date

**OTHER CONDITIONS**

- General debility or functional decline
- Other (see guide)

**OPINION**

- Having completed A & B as applicable, in your opinion, does patient have a condition that may affect driving:
- No
- Yes
- May in future - recommend follow-up in ____________ years

**D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING**

May include relevant specialists’ reports or lab results.

**E. RECOMMENDATION(S)**

- Specialist consult - Type
- Enclosed:
- Yes
- No
- I will arrange:
- Yes
- No

**F. DRIVER’S CERTIFICATION AND CONSENT TO RELEASE INFORMATION**

1. I certify that the information I have given to the Physician or Nurse Practitioner completing this report is to the best of my knowledge true and complete.
2. I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my driver’s licence.
3. I authorize the release of this medical report and all past or future reports pertaining to diseases, disabilities and conditions that may affect driving to the Superintendent of Motor Vehicles.

**G. RELATIONSHIP WITH PATIENT**

- Family physician or NP for ____________ years
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**PHYSICIAN OR NP: FAX TO 250-952-6888 OR MAIL TO RoadSafetyBC, P.O. BOX 9254, STN PROV GOVT, VICTORIA, BC, V8W 9J2**

**MV2011C (08/15)**
INSTRUCTIONS

NOTE TO DRIVER AND PHYSICIAN or NURSE PRACTITIONER (NP): The fee for completing this form is not covered by the Medical Services Plan or by the Superintendent of Motor Vehicles.

To the driver:
- Under section 25 or 29 of the Motor Vehicle Act the Superintendent of Motor Vehicles requires you to have this form completed for one of the following reasons: because you have reached an age when medical conditions that affect driving are more common, or because you hold, or have applied for a class 1, 2, 3 or 4 driver’s licence, or airbrake endorsement. Refer to the “REASON FOR EXAMINATION AND CLASS” on the front of the form.
- This form must be completed and returned by your physician or NP to the Superintendent of Motor Vehicles within 45 days. If medical approval is required prior to obtaining a licence for any class, you will be unable to obtain that licence until the completed form is submitted and approved. If this medical examination is required for a class of licence you already have, your driver’s licence may be cancelled if you fail to have the form completed and submitted by your physician or NP within 45 days. This means you will be unable to drive until the form is submitted and you are issued a new driver’s licence.
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Restriction / Endorsement Definitions

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