

The personal information on this form is being collected under the authority of s. 26 of the *Freedom of Information and Protection of Privacy Act* and s. 25 or s. 29 of the *Motor Vehicle Act* for the purpose of determining your fitness to drive a motor vehicle. If you have any questions about the collection of your personal information please see the contact information in the "To the driver" section of the Instructions.

AREA ABOVE FOR OFFICE USE

DRIVER AND PHYSICIAN OR NP - PLEASE SEE BACK FOR INSTRUCTIONS

REASON FOR EXAMINATION AND CLASS

- 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

VISION (section 2 of Physician's Guide) <input type="checkbox"/> Acuity loss <input type="checkbox"/> Field defect <input type="checkbox"/> Eye disease <input type="checkbox"/> Other _____	CARDIOVASCULAR (sections 4 and 6) <input type="checkbox"/> Syncope Date _____ Cause _____ <input type="checkbox"/> CAD (M.I., angioplasty, CABG) Date _____ NYHA Functional Class _____ <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Pacemaker <input type="checkbox"/> Implanted defibrillator <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Aneurysm Site _____ Size _____ <input type="checkbox"/> Peripheral Vascular disease <input type="checkbox"/> Other _____	CNS (sections 5 and 7) <input type="checkbox"/> CVA/TIA Date _____ <input type="checkbox"/> Seizure disorder Date of last seizure _____ <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Congenital condition (Cerebral palsy, etc.) <input type="checkbox"/> Progressive deficit (Parkinson's, MS, ALS, etc.) <input type="checkbox"/> Stable deficit (Paraplegia, Nerve damage, etc.) <input type="checkbox"/> Cognitive impairment MMSE score _____ <input type="checkbox"/> Significant head injury <input type="checkbox"/> Other _____	RESPIRATORY (section 8) <input type="checkbox"/> Home oxygen <input type="checkbox"/> Sleep apnea - Epworth Score _____ <input type="checkbox"/> Other _____
HEARING (section 3) <input type="checkbox"/> Hearing loss <input type="checkbox"/> Vertigo <input type="checkbox"/> Other _____	PSYCHIATRIC (section 12) <input type="checkbox"/> Psychosis <input type="checkbox"/> Severe depression <input type="checkbox"/> Impaired judgment, insight <input type="checkbox"/> Medication non-compliance <input type="checkbox"/> Other _____	DRUGS AND ALCOHOL (sections 13 and 14) <input type="checkbox"/> Alcohol or drug abuse in past 2 years <input type="checkbox"/> Alcohol related seizure <input type="checkbox"/> Addiction rehab taken _____ refused _____ <input type="checkbox"/> Prescribed drugs that could impair <input type="checkbox"/> Psychoactive drugs <input type="checkbox"/> Narcotics <input type="checkbox"/> Other _____	ENDOCRINE (section 9) <input type="checkbox"/> Diabetes Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Significant hypoglycemia Date _____ <input type="checkbox"/> Hypoglycemia unawareness HbA1C _____ Date _____ <input type="checkbox"/> Other _____
MUSCULOSKELETAL (section 11) <input type="checkbox"/> Amputation <input type="checkbox"/> Weakness <input type="checkbox"/> Range of motion loss <input type="checkbox"/> Other _____	OTHER CONDITIONS <input type="checkbox"/> General debility or functional decline <input type="checkbox"/> Other (see guide) _____		

B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING

VISUAL ACUITY <input type="checkbox"/> Uncorrected R _____ L _____ Both _____ <input type="checkbox"/> Corrected R _____ L _____ Both _____	VISUAL FIELD <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Both visual acuity and visual field meet Physician's Guide criteria for licence class <input type="checkbox"/> YES	Blood Pressure _____
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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

E. RECOMMENDATION(S)

<input type="checkbox"/> Specialist Consult - Type _____ Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No I will arrange: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Road test to assess _____ <input type="checkbox"/> Restrictions (Reason & Type) _____
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F. DRIVER'S CERTIFICATION AND CONSENT TO RELEASE INFORMATION

- 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.
- I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my driver's licence.
- 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 Office of the Superintendent of Motor Vehicles.

Patient's Signature	Date
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G. RELATIONSHIP WITH PATIENT

- Family physician or NP for _____ years
 Locum Walk-in First Visit NP Specialist

EXAMINING PHYSICIAN'S OR NP'S NAME AND ADDRESS <small>(Print Name or use rubber stamp)</small>	Examination Date _____
TELEPHONE NO.	Physician's or NP's Signature

PHYSICIAN OR NP: FAX TO 250-952-6888 OR MAIL TO O.S.M.V., P.O. BOX 9254, STN PROV GOVT, VICTORIA, BC, V8W 9J2

INSTRUCTIONS

NOTE TO DRIVER AND PHYSICIAN or Nurse Practitioner: The fee for completing this form is not covered by the Medical Services Plan or by the Office of 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 Office of 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.
- OSMV has no authority to set the fee doctors or nurse practitioners charge, they are entitled to set their own fees and to bill patients directly.
- If you are currently prohibited from driving, this medical report must be completed and returned by your physician 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 Director, Medical Fitness and Intervention Branch of the Office of the Superintendent of Motor Vehicles, PO Box 9254 Stn 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 front of 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/DriverFitnessMedPro.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.

BRITISH COLUMBIA DRIVER LICENCE CLASSIFICATIONS

Quick Check Chart

(Guide only - see *Motor Vehicle Act Regulations* for official purposes)

Class	Permits Operation of:
1	Any motor vehicle or combination of motor vehicles, except motorcycles
2	All class 5 vehicles plus all public passenger-carrying vehicles
3	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
4 unrestricted	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
4 with restriction 17	All class 5 vehicles, plus an ambulance, taxi or special vehicle with a seating capacity of 10 or less
5 and 7	Any 2-axle motor vehicle, other than motorcycle, motorhomes, construction vehicles, may tow vehicles up to 4600 kg
6 and 8	Motorcycles, all terrain cycles or vehicle

RESTRICTION / ENDORSEMENT DEFINITIONS

11	QUALIFIED SUPERVISOR REQUIRED	23	HEARING AID REQUIRED FOR CLASS 1, 2, 3, OR 4 OR FOR ENDORSEMENT 18/19
12	RESTRICTED TO DAYLIGHT HOURS ONLY	24	CLASS 6 OR 8 RESTRICTED TO MOTOR SCOOTERS
13	CLASS 6 OR 8 NOT PERMITTED TO CARRY PASSENGERS	25	FITTED PROSTHESIS / LEG BRACE REQUIRED
14	NO HWY 99 S, OR VAN, OR HWY 1 E. OF VAN. OR W. OF HWY 9	26	SPECIFIED VEHICLE MODIFICATIONS REQUIRED
15	PERMITTED TO OPERATE VEHICLES WITH AIR BRAKES	28	RESTRICTED TO AUTOMATIC TRANSMISSION
16	NOT PERMITTED TO OPERATE CLASS 2 OR 4	35	NOT PERMITTED TO EXCEED 60 KM/H
17	NOT PERMITTED TO OPERATE BUSES	36	NOT PERMITTED TO EXCEED 80 KM/H
18	PERMITTED TO OPERATE SINGLE TRUCKS WITH AIR BRAKES ON INDUSTRIAL ROADS	37	NOT PERMITTED TO TRANSPORT DANGEROUS GOODS
19	PERMITTED TO OPERATE TRUCK TRAILER WITH AIR BRAKES ON INDUSTRIAL ROADS	42	QUALIFIED SUPERVISOR REQUIRED, ONE PASSENGER ONLY
20	PERMITTED TO OPERATE TRUCK TRAILER OF ANY GVW WITHOUT AIR BRAKES	43	RESTRICTED TO 5:00AM TO MIDNIGHT ONLY
21	CORRECTIVE LENSES REQUIRED	44	NO OPERATION OF MOTOR VEHICLE WITH ALCOHOL IN BODY, MUST CLEARLY DISPLAY OFFICIAL NEW DRIVER SIGN