BRITISH COLUMBIA

RoadSafetyBC

DRIVER'S MEDICAL EXAMINATION

Doctors may bill $75 for this examination through the Teleplan billing system

1

AREA ABOVE FOR OFFICE USE

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 and to allow your medical practitioner to bill the Medical Services Plan for the service. 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.

DRIVER AND PHYSICIAN OR NURSE PRACTITIONER - SEE BACK FOR INSTRUCTIONS

PERSONAL HEALTH NUMBER | MSP Fee Code 96220 | **REASON FOR EXAMINATION AND CLASS**

This report should focus on the condition(s) stated above.

- ***For sections A and B, 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.***

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

VISION (section 2 of Physician's Guide)
- ❒ Acuity loss
- ❒ Field defect
- ❒ Eye disease
- ❒ Other _____

HEARING (section 3)
- ❒ Hearing loss
- ❒ Vertigo ❒ with warnings ❒ without warnings
- ❒ Date of last vertigo episode _____
- ❒ Other _____

CARDIOVASCULAR (sections 4 and 6)
- ❒ Syncope Date _____ Cause _____
- ❒ CAD (M.I., angioplasty, CABG) Date _____ NYHA Functional Class _____
- ❒ Arrhythmia
- ❒ Pacemaker
- ❒ ICD ❒ Primary ❒ Secondary Date _____
- ❒ Congestive heart failure: LVEF _____
- ❒ Aneurysm Site _____ Size _____
- ❒ Peripheral Vascular disease
- ❒ Other _____

CNS (sections 5 and 7)
- ❒ CVA/TIA Date _____
- ❒ Seizure disorder ❒ Provoked ❒ Epilepsy Date of last seizure _____
- ❒ Narcolepsy
- ❒ Congenital condition (Cerebral palsy, etc.)
- ❒ Progressive deficit (Parkinson's, MS, ALS, etc.)
- ❒ Stable deficit (Paraplegia, Nerve damage, etc.)
- ❒ Cognitive impairment MOCA _____ MMSE _____
- ❒ Dementia Diagnosis _____ GDS _____
- ❒ Significant head injury
- ❒ Other _____

RESPIRATORY (section 8)
- ❒ Oxygen required when driving
- ❒ Obstructive sleep apnea ❒ Mild ❒ Mod to Severe
- ❒ CPAP compliant _____
- ❒ Apnea Hypopnea Index (AHI) _____
- ❒ Epworth Score _____

ENDOCRINE (section 9)
- ❒ Diabetes Insulin ❒ Yes ❒ No
- ❒ Severe hypoglycemia Date _____
- ❒ Hypoglycemia unawareness Date _____
- ❒ Stable BG Control ❒ Compliant w/ Treatment HbA1 C _____ Date _____
- ❒ Other _____

OTHER CONDITIONS
- ❒ General debility or functional decline
- ❒ Other (see guide) _____

MUSCULOSKELETAL (section 11)
- ❒ Amputation Limb affected _____ Date _____
- ❒ With Prosthesis ❒ Without Prosthesis
- ❒ Adaptive Device _____ ❒ None
- ❒ Weakness
- ❒ Range of motion loss
- ❒ Other _____

PSYCHIATRIC (section 12)
- ❒ Psychosis
- ❒ Severe depression
- ❒ Impaired judgment, insight
- ❒ Medication non-compliance
- ❒ Stable Psych condition
- ❒ Other _____

DRUGS AND ALCOHOL (sections 13 and 14)
- ❒ Alcohol or drug abuse in past 2 years
- ❒ Alcohol related seizure
- ❒ Addiction rehab taken _____ refused _____
- ❒ Prescribed drugs that could impair
  - ❒ Psychoactive drugs
  - ❒ Narcotics
  - ❒ Other _____

B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING May include EVF/VFT done within one year if available.

VISUAL ACUITY
- ❒ Uncorrected R _____ L _____ Both _____
- ❒ Corrected R _____ L _____ Both _____

VISUAL FIELD
- ❒ Normal
- ❒ Abnormal

Both visual acuity and visual field meet Physician's Guide criteria for licence class ☐ YES

Blood Pressure _____

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

- ❒ Road test to assess _____
- ❒ Restrictions (Reason & Type) _____

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.

Patient's Signature | Date

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
(Print Name or use rubber stamp)

TELEPHONE NO.

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 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 the front of this form prior to completion.
- Quick access to the "CCMTA Medical Standards for Drivers with BC Specific Guidelines" can be found at: https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/roadsafetybc/medical-fitness/medical-prof/med-standards

  Links to "Driver medical fitness information for medical professionals" can be found at: https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/roadsafetybc/medical-fitness/medical-prof
- 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
(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 vehicles (other than a 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