

REPORT OF A CONDITION AFFECTING FITNESS AND ABILITY TO DRIVE

Please provide as much detail as possible. Fax this form and other supporting document(s) to **(250) 952-6888** OR mail to: ROADSAFETYBC, PO BOX 9254, STN PROV GOVT, VICTORIA, BC V8W 9J2. To ensure expediency, please send documents to RoadSafetyBC only once.

If you are a medical professional, you may call: **250-953-8612**, Monday to Friday 8:30am-4:30pm to speak directly with a Registered Nurse Case Manager.

PATIENT INFORMATION		CLINICIAN INFORMATION	
Name:		Name: Stamp or sticker	
Address:		Phone #:	
City:	Postal Code:	Provide a secure and confidential fax number if you wish to obtain confirmation this report has been received: Fax #:	
DOB: (YYYY/MM/DD)	Drivers Licence # (if known): 	Professional Qualifications: Family Physician Specialist Physician Psychologist Nurse Practitioner Optometrist Other _____ How long has patient been under your care? _____ (months/yrs.)	
<p>IN MY OPINION THIS PATIENT HAS A MEDICAL CONDITION THAT PUTS THE PUBLIC OR THEMSELVES AT RISK WHEN THEY DRIVE (See: BC Medical Guidelines for Driving) (If undetermined, provide narrative information below and complete other areas as appropriate)</p> <p>THIS PATIENT CONTINUES TO DRIVE AFTER BEING WARNED OF THE DANGER (if known)</p> <p>The RoadSafetyBC assessment and action depends on the description of the medical impairment, please provide as much detail as possible: i.e.: dates, prognosis, compliance, and if the condition is likely to improve. Attach any relevant documents.</p> <p>Impairments: Cognitive Vision/Sensory Motor Risk of Sudden Incapacitation Other</p> <p>Cognitive Impairment: Screening scores (i.e.: MMSE _____ MOCA _____ Trails B _____ OTHER _____)</p> <p>Severity of cognitive decline: (scale on back) Mild Moderate Severe</p> <p>Details of medical condition or functional impairment impacting driving including, if relevant, level of insight and judgement:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Optional Recommendations:</p> <p style="text-align: center;">RECOMMEND <u>CANCELLATION</u> OF DRIVER'S LICENCE</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">RECOMMEND FURTHER <u>MEDICAL</u> ASSESSMENT (i.e.: Drivers Medical, vision testing, specialist). Please specify below.</p> <p style="text-align: center;">RECOMMEND DRIVING ASSESSMENT (i.e.: ICBC on-road assessment or Functional Driving Evaluation)</p> <p>Further Recommendations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Signature: _____</p>			

Please Provide Details of Medical Condition

It is the role of RoadSafetyBC to make driver licensing decisions; the role of the medical practitioner is to report clinical findings that raise concerns regarding their patient's fitness to drive.

Completing this form to the fullest extent possible will assist RoadSafetyBC in making a timely licensing decision. In order to meet the requirements of administrative fairness when deciding whether to urgently cancel a driver's licence, RoadSafetyBC must have sufficient information.

Please provide as much detail of your concern as possible (i.e. diagnosis, level of severity, associated symptoms, acute/chronic, if the condition is likely to improve, prognosis, treatment compliance, tests/assessments, specialist reports, reports from family, other).

If information provided is not sufficient for a decision, RoadSafetyBC may need to request additional details and a licensing decision may be delayed.

Cognitive Impairment Scale (the information below is provided as an aid – please refer to the [Global Deterioration Scale](#) for more information)

Some memory impairment but dementia not definitively diagnosed: forgets names and location of objects; may have trouble finding words; may have difficulty travelling to new locations; may have difficulty handling problems at work.

Mild Dementia: has difficulty with complex tasks or instrumental activities of daily living (e.g. finances, shopping, planning dinner, cooking, taking medication, telephoning, etc.).

Moderate Dementia: has difficulty with basic activities of daily living (eg. eating, dressing, hygiene, etc.); needs help choosing and putting on clothing; requires prompting and assistance with bathing.

Severe Dementia: decreased ability to use toilet or is incontinent; vocabulary limited; loses ability to walk and sit; unable to smile.

Other Assessment Links: MMSE ([MiniMentalStateExamination](#)) [MoCA-Test](#) [Trails A & B](#)

*Note: Moderate or severe dementia is a significant indicator that it is not safe for a person to drive, and may lead to cancellation of the driver's licence. At any time, drivers have the right to provide further information that would support a reconsideration of the licensing decision.

Duty to Report

Section 230 of the BC Motor Vehicle Act (below) outlines when clinicians must report concerns of a patient driving to RoadSafetyBC. It is important to note that clinicians may also report when they have concerns about a patient that do not meet the requirements as outlined.

- (1) This section applies to every legally qualified and registered psychologist, optometrist, medical practitioner or nurse practitioner who has a patient 16 years of age or older who:
 - (a) in the opinion of the psychologist, optometrist, medical practitioner or nurse practitioner has a medical condition that makes it dangerous to the patient or to the public for the patient to drive a motor vehicle, and
 - (b) continues to drive a motor vehicle after being warned of the danger by the psychologist, optometrist, medical practitioner or nurse practitioner.
- (2) Every psychologist, optometrist, medical practitioner, or nurse practitioner referred to in subsection (1) must report to the Superintendent the name, address, and medical condition of a patient referred to in subsection (1).
- (3) No action for damages lies or may be brought against a psychologist, an optometrist, a medical practitioner or a nurse practitioner for making a report under this section, unless the psychologist, optometrist, medical practitioner, or nurse practitioner made the report falsely and maliciously.

The personal information on this form is collected under the authority of the *BC Motor Vehicle Act* (RSBC 1996, c.318, s.29) and the *BC Freedom of Information and Protection of Privacy Act* (RSBC 1996 c.165, s.26(b), & s.27(1)(c)). The information provided on this form will be used to assist in the determination of the fitness of the above-named driver to safely drive a motor vehicle. If you have any questions about the collection, use, or disclosure of the information collected on this form, contact RoadSafetyBC toll-free at 1-855-387-7747.