

| | | | | |
|----------------------------|--|----------------------------|---------------------------|-------------|
| Name (Last, First, Second) | | Date of Birth (yyyy/mm/dd) | Telephone Number | |
| Address Apartment | | City / Town | Province | Postal Code |
| Occupation | | Class of Licence Required | Operator's Licence Number | |

A. MEDICAL HISTORY AND PHYSICAL EXAMINATION

Applicants must be examined for each of the following medical conditions using the criteria as set out in the Canadian Council of Motor Transport Administrators (CCMTA) Medical Standards on the back of this form. **A "Yes" response indicates that the applicant does NOT meet the CCMTA Medical Standards for Drivers and as a result will be ineligible to be licensed at the time of application.** A "Ref" (Referral) response will result in the applicant being required to provide further documentation from a medical specialist, optometrist, or audiologist.

| <p>1. Visual Acuity Results</p> <table border="1"> <tr> <th></th> <th>Uncorrected</th> <th>Corrected</th> <th>Standards</th> </tr> <tr> <td>Right</td> <td>6/</td> <td>6/</td> <td>Better eye 6/9 (20/30), weaker eye 6/30 (20/100) aided or unaided for Classes 1, 2, 3, 4 (Emergency).</td> </tr> <tr> <td>Left</td> <td>6/</td> <td>6/</td> <td>Better eye 6/12 (20/40), weaker eye 6/60 (20/200) aided or unaided for Classes 4 (Taxi) and 5 (Commercial).</td> </tr> <tr> <td>Both</td> <td>6/</td> <td>6/</td> <td>Better eye 6/15 (20/50) aided or unaided for Classes 5, 6 & 7.</td> </tr> </table> | | | Uncorrected | Corrected | Standards | Right | 6/ | 6/ | Better eye 6/9 (20/30), weaker eye 6/30 (20/100) aided or unaided for Classes 1, 2, 3, 4 (Emergency). | Left | 6/ | 6/ | Better eye 6/12 (20/40), weaker eye 6/60 (20/200) aided or unaided for Classes 4 (Taxi) and 5 (Commercial). | Both | 6/ | 6/ | Better eye 6/15 (20/50) aided or unaided for Classes 5, 6 & 7. | <p>4. Nervous System (Continued)</p> <p>f) Memory dysfunction or evidence of MILD dementia that should require the applicant to successfully pass a road test examination. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>g) Evidence of MODERATE to SEVERE dementia or cognitive dysfunction. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> | |
|--|----------------------|--|---|-----------|-----------|-------|----|---|---|------|----|----|---|------|----|----|--|---|--|
| | Uncorrected | Corrected | Standards | | | | | | | | | | | | | | | | |
| Right | 6/ | 6/ | Better eye 6/9 (20/30), weaker eye 6/30 (20/100) aided or unaided for Classes 1, 2, 3, 4 (Emergency). | | | | | | | | | | | | | | | | |
| Left | 6/ | 6/ | Better eye 6/12 (20/40), weaker eye 6/60 (20/200) aided or unaided for Classes 4 (Taxi) and 5 (Commercial). | | | | | | | | | | | | | | | | |
| Both | 6/ | 6/ | Better eye 6/15 (20/50) aided or unaided for Classes 5, 6 & 7. | | | | | | | | | | | | | | | | |
| <p>2. Hearing</p> <p>Applies only to applicants wishing to operate a bus, taxi, ambulance, or transporters of dangerous goods.</p> <p>a) Loss greater than 40 decibels averaged at 500, 1000 and 2000 HZ. May require an audiogram (refer to back of form). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> | | <p>5. Respiratory System</p> <p>a) Level 4 impairment (severe impairment 50 - 100%). Dyspnea after walking more than 100m at own pace on level ground or at rest (significant dyspnea - moderate exertion). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> | | | | | | | | | | | | | | | | | |
| <p>3. Cardiovascular/Cerebrovascular System</p> <p>a) Current history, or evidence of any disorder of the heart or circulatory system that results in a New York Heart Association Functional Classification III (refer to back of form). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>b) Current history, or evidence of uncontrolled Sick Sinus Syndrome. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>c) Aortic Aneurysm > 5.5 cm. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>d) Blood Pressure: Systolic _____ Diastolic _____</p> <p>e) Recurrent transient ischemia attacks <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>f) Past history of myocardial infarction (approx date). _____</p> | | <p>6. Metabolic System</p> <p>a) If diabetes is present, state onset of illness (approx date). _____</p> <p>b) Date of last significant hypoglycemic episode. _____ Type of control: <input type="checkbox"/> Diet only <input type="checkbox"/> Oral Medication <input type="checkbox"/> Insulin</p> <p>c) Insulin dependent diabetic who has had insulin related hypoglycemic attacks controlled less than 1 month or who has a history of alcohol abuse. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>d) Current history of uncontrolled hypoglycemia for any other reason. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>e) Current history of uncontrolled symptomatic hypothyroidism, Cushing's Disease, Addison's Disease, or pheochromocytoma. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> | | | | | | | | | | | | | | | | | |
| <p>4. Nervous System</p> <p>a) Current history of multiple syncope episodes. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>b) Current history of spontaneous seizures uncontrolled or controlled less than 12 months (exempted: toxic illness now recovered). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <table border="1"> <tr> <th>State onset of Disease (approx date)</th> <th>Date of Last Seizure</th> <th>Frequency</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>c) Current history of uncontrolled Narcolepsy. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>d) Current history of uncontrolled Meniere's disease. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>e) Post traumatic conditions that should require the applicant to successfully pass a road test examination. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> | | State onset of Disease (approx date) | Date of Last Seizure | Frequency | | | | <p>7. Psychiatric Disorders</p> <p>a) Current history, or evidence of uncontrolled Psychosis or Bipolar Disorders. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> <p>b) Current history, or evidence of habitual alcohol abuse or illicit drug use. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ref</p> | | | | | | | | | | | |
| State onset of Disease (approx date) | Date of Last Seizure | Frequency | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| <p>B. PHYSICIAN'S STATEMENT AND CERTIFICATE</p> <p>1. Are you the applicant's regular doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long has the patient been under your care? _____</p> <p>2. Would you recommend a driver's examination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Patient meets the medical requirements for licence classification:</p> <p><input type="checkbox"/> 1 - Tractor/Trailer <input type="checkbox"/> 4 - Taxis, Small Buses <input type="checkbox"/> 6 - Motorcycles</p> <p><input type="checkbox"/> 2 - Large Buses <input type="checkbox"/> 5 - Private Vehicles <input type="checkbox"/> 7 - Learners</p> <p><input type="checkbox"/> 3 - Heavy Trucks (i.e. gravel)</p> | | <p>I, _____ Name of Doctor</p> <p>of _____ Address</p> <p>certify that the above named applicant was examined in accordance with the CCMTA Medical Standards for Drivers.</p> <p>_____ Physician's Signature</p> <p>_____ Date of Examination</p> | | | | | | | | | | | | | | | | | |

B. PHYSICIAN'S STATEMENT AND CERTIFICATE

C. OPERATOR'S CERTIFICATE AND WAIVER

I certify that the information I have given to my doctor is true to the best of my knowledge. I authorize release of this information, as well as additional medical information an examining physician may wish to submit for the confidential use of Alberta Transportation.

Signature of Applicant

Date

D. FOR USE BY GOVERNMENT ONLY

| | | |
|--------------------------------------|-----------------|--------------------------|
| Accept for Class | Condition Codes | Licence Term Expiry Date |
| Approved by Registry Agent | | Date |
| Approved by Motor Vehicle Specialist | | Date |

For DFM use only



3050201207

The numbers at the right denote the eligible class of licence for each medical statement.

| | | Class | | | | | | | | | |
|---------------------------------------|--|-------|---|---|---------------|----------|----------------|---|---|---|---|
| | | 1 | 2 | 3 | 4 (Emergency) | 4 (Taxi) | 5 (Commercial) | 5 | 6 | 7 | |
| Vision Requirements | Not less than 6/9 (20/30) with both eyes open and examined together. | 1 | | | | | | | | | |
| | Not less than 6/12 (20/40) with both eyes open and examined together. | | | | | | | | | | |
| | Not less than 6/15 (20/50) with both eyes open and examined together. | | | | | | 5 | | 6 | 7 | |
| | Must be able to identify (traffic lights). | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | |
| | 150 continuous degrees along the horizontal meridian and 20 continuous degrees above and below fixation with both eyes open and examined together. | 1 | 2 | 3 | 4 (Emergency) | | | | 6 | | |
| Corrected Diplopia. | 120 continuous degrees along the horizontal meridian and 15 continuous degrees above and below fixation with both eyes open and examined together. | | | | 4 (Taxi) | | 5 | | | 7 | |
| | | | | 3 | | | 5 | | 6 | 7 | |
| | | | | | | | | | | | |
| Hearing Requirements | If unable to perceive at least a forced whispered voice at no less than five feet in the best ear. If tested by the use of an audiometer device, does not have a loss in the best ear greater than 40 decibels at 500, 1000, or 2000 HZ under the new I.S.O. standards and using a puretone audiometer. | 1 | | 3 | | | 5 | | 6 | 7 | |
| Cardiovascular/Cerebrovascular System | Medical evidence of a first myocardial infarction, angina pectoris, thrombosis, etc., is not a contraindication if it is medically determined that a full recovery has been accomplished. | | | | | | 5 | | 6 | 7 | |
| | History of successful aortic aneurysm resection. | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | |
| | Presence of hypertension accompanied by postural hypotension and vertigo. | | | | | | 5 | | 6 | 7 | |
| Nervous System | Medical history of loss of consciousness, or awareness due to chronic or recurring condition. | | | | | | | | | | |
| | Medical history or diagnosis of a disorder of the muscle-skeletal or nervous system which may interfere with the safe operation of a motor vehicle. | | | | | | | | | | |
| | The driver with evidence of memory impairment or with mild dementia (difficulty with complex tasks such as managing finances, shopping, taking medication, cooking) may be able to drive a private vehicle. Annual driver's reassessment required. Decisions regarding driver licensing will be done on an individual basis to determine any conditions/restrictions for driving. | | | | | | | | | | |
| Respiratory System | Medical evidence of respiratory dysfunction likely to interfere with the safe operation of a motor vehicle. | | | | | | 5 | | | 7 | |
| Metabolic System | History or clinical diagnosis of diabetes that requires insulin for control. | | | | | | 5 | | 6 | 7 | |
| Psychiatric Disorders | Medical evidence of an intractable psychoneurotic disorder, having particular regard for sustained hostility: aggressive, paranoid or suicidal tendencies: or agitated depression. | | | | | | | | | | |
| Other | If taking any medication that could, in the dosage prescribed, impair the ability to operate a motor vehicle. | | | | | | | | | | |
| | Presence of impairment of the use of fingers, legs, hands, arms or other structural defects, limitation of mobility, or coordination to a degree likely to interfere with the safe operation of a motor vehicle. NOTE: Loss of hand, arm, foot or leg is not a contraindication to any Class of driver's licence if it can be determined, by a medical review and by a functional assessment, that the impairment with or without the use of compensating equipment does not interfere with safe operation of a motor vehicle. | 1 | | 3 | | | | 5 | | 6 | 7 |
| | Clinical diagnosis of alcoholism or drug addiction. | | | | | | | | | | |
| | Other physical or mental impairment, disease or condition which is likely to significantly interfere with the individual's ability to safely operate a motor vehicle. | | | | | | | | | | |
| | Must submit medical report upon application. | 1 | 2 | | 4 | | | | | | |

Drivers who have any type of medical condition, such as diabetes, heart disease, epilepsy, or vision problems which may affect their ability to safely operate a motor vehicle, are required by law to advise Alberta Transportation of the condition.

Alberta Transportation will conduct a medical review on an individual case basis for clients who do not meet the Canadian Council of Motor Transport Administrators Medical Standards for Drivers for a specific licence classification.

Medical Appeal Process

A driver who is denied any class of licence as a result of a medical condition may appeal the decision to Driver Fitness and Monitoring.

To initiate an appeal, you will be required to submit a detailed medical report completed by a physician specializing in that field of concern. This report can be forwarded to Driver Fitness and Monitoring along with any other information regarding the appeal.

NOTE: The Alberta Health Care Insurance Plan will only pay for medical examinations for motor vehicle operators who are 75 years of age or older.