

Commercial Driver's Licence Medical Report



Physicians can not bill SGI for this report. Payment is the driver's responsibility.

Medical Review Unit - 3rd Floor
 2260-11th Ave., Regina, SK S4P 2N7
 Toll Free Phone Number: 1-800-667-8015 ext. 6176
 Local Phone Number: 775-6176
 Toll Free Fax: 1-866-274-4417 or 347-2577
 E-mail: mrinquiries@sgl.sk.ca

Form can be completed by a Physician, Nurse Practitioner or Occupational Health Nurse.

Last Name _____ First _____ Middle Initial _____
 Number & Street or Box Number _____
 Town/City _____ Prov _____ Postal Code _____

Driver's Certificate and Waiver

I certify that the information I have given in this report, to the best of my knowledge, is correct and complete. I agree to allowing my physician to forward this report directly to the Auto Fund Division. I also understand that any driver's licence issued to me may be withdrawn if I do not meet the medical requirements for the licence.

Date: _____ Signature of Applicant: _____
 Home Ph: _____ Business Ph: _____

DRIVER'S LICENCE INFORMATION

Driver's Licence Number _____ Present Restrictions _____ Date of Birth _____
 Present Class of Licence _____ Present Endorsements _____ Month _____ Day _____ Year _____
 Male Female
 Class of driver's licence for which application is made _____
 Name of Examining Physician _____ Office Telephone Number _____ Fax Number _____
 Address _____ Postal Code _____ E-mail Address _____

PHYSICIAN TO COMPLETE (below)

A. VISION

| Acuties | Uncorrected | Corrected |
|---------|-------------|-----------|
| Right | 20/ | 20/ |
| Left | 20/ | 20/ |
| Both | 20/ | 20/ |

| Horizontal Fields of Vision by Confrontation (circle for each eye) | | |
|--|--------|------------|
| Right | Normal | Restricted |
| Left | Normal | Restricted |

Any ocular condition that could affect driving? (explain):
 Other: _____

B. THE SENSES

Normal

- 1. Hearing Loss: Loss greater than 40 decibels averaged at 500, 1000, and 2000 Hz. (Applies only to commercial drivers.)
- 2. Hearing aid single: Hearing aid bilateral
- 3. Vertigo: Controlled Uncontrolled
- 4. Menieres: Controlled Uncontrolled
- 5. Other: _____

C. CARDIOVASCULAR

Normal

- 1. Overall Cardiac Status: Stable Unstable
- 2. NYHA Classification:
 1-No Limitation 2-Mild 3-Moderate 4-Severe
- 3. CAD: Mild Moderate Severe
- 4. Angina Pectoris: Stable Unstable
- 5. Hypertension: BP: _____ TX: _____
- 6. Myocardial Infarction: Date: _____ Type: _____
 Stable Unstable
- 7. Heart Surgery/Procedures:
 Angioplasty: Date: _____ CABG: Date: _____
 Valve: Date: _____ Pacemaker: Date: _____
 ICD: Insertion Date: _____ Last Discharge Date: _____
 Reason for ICD Insertion: _____
- 8. Arrhythmias: _____
- 9. Peripheral Vascular Disease and Deficit(s): _____
- 10. Arterial Aneurysm: Location: _____ Current Size: _____
- 11. Investigations (i.e. stress test/METS, ECHO/EF%, etc.): Date: _____
 Results: _____
- 12. Other: _____

Health History and Physical Examination

D. CENTRAL NERVOUS SYSTEM

Normal

- 1. TIA: Date: Deficits:
- 2. CVA: Date: Deficits:
- 3. Memory changes: Yes No Diagnosis:
- 4. Head Injury: Date: Deficits:
- 5. Syncope/Fainting/Blackouts: Date: Cause:
- 6. Craniotomy: Date: Reason:
- 7. Progressive Disorders: Parkinson's MS ALS
Huntington's Other Stable Deficits
- 8. Seizure: Onset and Frequency:
Diagnosis of Epilepsy: Yes No
Cause and Type of Seizures:
Date of Last Seizure:
Medications and Dosage:
- 9. Other (i.e., neuropathy, etc.):

E. RESPIRATORY

Normal

- 1. Sleep Disorder diagnosed: Yes No
Type (i.e., OSA, Narcolepsy, etc):
Investigations:
Treatment: CPAP Other (describe):
- 2. COPD: Mild Moderate Severe
- 3. Oxygen: Continuous Supplementary
- 4. Other:

F. METABOLIC - ENDOCRINE

Normal

- 1. Diabetes Mellitus: Yes No Date of onset:
Insulin: Yes No
- 2. Date of last episode of hypoglycemia:
- 3. Events of: LOC 3rd party intervention Dates:
- 4. Hg A1C: Date:
- 5. Hypoglycemic Unawareness: Yes No
- 6. Complications related to diabetes (i.e., vision, organ failure, neuropathy, etc):
- 7. Other:

G. MUSCULOSKELETAL

Normal

- 1. Amputation of: When:
- 2. ROM: Normal Impaired
- 3. Arthritis: Mild Moderate Severe
- 4. Disorder of Spine:
- 5. Other:

H. PSYCHIATRIC

Normal

- 1. General psychiatric health: Stable Unstable
- 2. Acute illness/episode (i.e., psychosis, harm with vehicle, mania):
Date and type:
- 3. Last hospitalization Date:
- 4. Severe Depression: Yes No
- 5. Treatment Compliance: Yes No
- 6. Other (i.e., ADD, ADHD, FASD, etc):

I. OTHER CONDITIONS

None

- 1. Substance/Alcohol Abuse: Yes No
Attended Rehab: Yes No Date:
Related Seizures, cognitive or physical changes: Yes No
Explain:
- 2. Prescribed drugs or treatments that could impair (i.e. analgesics, medical marijuana, methadone, chemotherapy, radiation, etc.), explain:
- 3. Physiologic changes of age which could impair physical and/or mental status (i.e. changes to- response times, vision, joints, muscles, etc.), explain:
- 4. Cognitive screening completed: Yes No
Results included with report: Yes No
(i.e., Trails A & B, FAQ, MMSE, etc.)
- 5. Exam Findings:
 Physical concerns identified regarding medical fitness to drive (explain):
 Cognitive concerns identified regarding medical fitness to drive (explain):

J. GENERAL CONCLUSION OF ANY FUNCTIONAL LIMITATION

- 1. Physical and/or cognitive impairment could affect individual's ability to safely operate a motor vehicle:
 May drive pending SGI licensing decision
 No driving pending SGI licensing decision
- 2. Recommendations for further assessment will be considered:
 DCAT SGI In-vehicle assessment
 Full functional assessment through occupational therapist-based program (Saskatoon Driver Evaluation or Regina Driver Assessment)

Please enclose or list applicable investigations, results and treatments/medication (i.e., EEG, CT, etc.)

Date

Practitioner Signature and Status