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: mruinquiries@sgi.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 I also understand that any driver's licence issued to me may be withdrawn if I do not meet the medical requirements for the licence.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

Acuities	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 treaments/medication (i.e., EEG, CT, etc.)

Date Practitioner Signature and Status