Medical Examination Report

Concerning a Person's Fitness to Drive a Motor Vehicle

Driver Fitness

Box 6300
Winnipeg MB R3C 4A4
Tel: 204-985-1900 Fax: 204-953-4992 Toll Free: 1-866-617-6676

MANITOBA PUBLIC INSURANCE

REASON FOR REPORT (SEE "X")

- ☐ APPLICANT FOR CLASS _____
- ☐ CLASS LICENCE RECALL
- ☐ REGISTRAR RECALL
- ☐ REGISTRAR REQUIREMENT
- ☐ MEDICAL QUESTIONNAIRE
- ☐ SUSPENSION
- ☐ MEDICAL REVIEW COMMITTEE
- ☐ OTHER _____

MPI/Agent Use Only

Driver's Licence Number

DATE OF BIRTH		CLASS / STAGE	RESTRICTION

THIS REPORT IS TO BE COMPLETED AND RETURNED TO DRIVER FITNESS

BY:

Medical Code	Auth	Frequency	Highest Class	Medical Action

HEALTH HISTORY AND PHYSICAL EXAMINATION

PLEASE ✓ AND COMPLETE RELEVANT INFORMATION

A CARDIO/CEREBRO/VASCULAR DISEASE * (Complete Sec. N-1)

1 ☐ NO APPRECIABLE DISEASE
2 ☐ HYPERTENSION **(Complete Sec. L)**
3 ☐ ANGINA PECTORIS *
4 ☐ CORONARY ARTERY DISEASE *
5 ☐ MYOCARDIAL INFARCTION *
6 ☐ CARDIAC ARRHYTHMIA *
7 ☐ VALVULAR HEART DISEASE *
8 ☐ CORONARY BYPASS SURGERY *
9 ☐ VALVE REPLACEMENT *
10 ☐ CARDIAC PACEMAKER *
11 ☐ C V ACCIDENT
12 ☐ TRANSIENT ISCHEMIC ATTACKS
13 ☐ PERIPHERAL VASCULAR DISEASE
14 ☐ OTHER (COMMENT) *

B METABOLIC-ENDOCRINE DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ DIABETES MELLITUS (Complete Sec. N-2)
3 ☐ OTHER (COMMENT)

C MUSCULOSKELETAL DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ LOSS - ALL OR PART OF A LIMB
3 ☐ PAIN/DECREASED MOVEMENT LIMB/SPINE
4 ☐ MUSCLE WEAKNESS LIMB/SPINE
5 ☐ OTHER (COMMENT)

D NERVOUS SYSTEM DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ FAINTING SPELLS/BLACKOUTS
3 ☐ EPILEPSY/SEIZURES (Complete Sec. N-3)
4 ☐ NARCOLEPSY
5 ☐ OBSTRUCTIVE SLEEP APNEA (Complete Sec. N-7)
6 ☐ POOR CO-ORDINATION
7 ☐ MUSCLE WEAKNESS
8 ☐ MULTIPLE SCLEROSIS
9 ☐ DECREASED COGNITIVE FUNCTION
10 ☐ DEMENTIA
11 ☐ OTHER (COMMENT)

E PSYCHIATRIC DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ DEPRESSION (Complete Sec. N-6)
3 ☐ OTHER

F RENAL DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ RENAL FAILURE
3 ☐ RENAL DIALYSIS
4 ☐ OTHER (COMMENT)

G RESPIRATORY DISEASE

1 ☐ NO APPRECIABLE DISEASE
2 ☐ C.O.P.D. (Complete Sec. N-5)
3 ☐ OTHER (COMMENT)

I DISEASES OF THE SENSES

1 ☐ NO APPRECIABLE DISEASE
2 ☐ VISUAL FIELD DEFECT
3 ☐ OCULAR DISEASE
4 ☐ HEARING LOSS: L. EAR ☐ R. EAR ☐
5 ☐ VERTIGO
6 ☐ OTHER (COMMENT)

J OTHER CONDITIONS

1 ☐ NONE
2 ☐ ALCOHOL USE DISORDER } (See N-4)
3 ☐ SUBSTANCE USE DISORDER }
4 ☐ AFFECTED BY RX DRUG
5 ☐ PHYSIOLOGIC CHANGES OF AGING-PHYSICAL OR MENTAL
6 ☐ OTHER (COMMENT)

L 1. **BLOOD PRESSURE:** SYSTOLIC _____ DIASTOLIC _____

2. **WEIGHT** _____ LBS/KGS

K MEDICATION PLEASE ✓ CURRENT MEDICATION(S)

1 ☐ NO MED
2 ☐ SEDATIVE
3 ☐ NARCOTIC
4 ☐ ANTI-ANGINAL
5 ☐ TRANQUILIZER
6 ☐ ANTICONVULSANT
7 ☐ INSULIN
8 ☐ ANTIHYPERTENSIVE
9 ☐ OTHER _____

M 1. **VISUAL ACUITY:**

	RIGHT	LEFT	BOTH
WITHOUT CORRECTIVE LENSES			
WITH CORRECTIVE LENSES			

2. **VISUAL FIELDS** (STATE IN DEGREES)

° RIGHT ° LEFT

DATE SIGNATURE AND TITLE OF PERSON COMPLETING THE VISION SCREENING

N* 1. IF **CARDIAC:** a) NYHA LEVEL 1☐ 2☐ 3☐ 4☐

b) **MI:** ST elevation MI ☐ Non ST elevation MI ☐

c) LV damage: significant ☐ minor ☐

d) Ejection fraction: _____%

2. **DIABETES:** TYPE 1 ☐ TYPE 2 ☐ ONSET OF ILLNESS _____

DATE OF LAST SEVERE HYPOGLYCEMIC EPISODE _____

3. **EPILEPSY/Seizures:** Seizures Onset _____

DATE OF LAST SEIZURE _____ SYMPTOMS _____ NOCTURNAL? _____

4. **ALCOHOL/SUBSTANCE USE DISORDER:** MILD ☐ MODERATE ☐ SEVERE ☐

IN REMISSION? EARLY ☐ SUSTAINED ☐ DATE ACHIEVED REMISSION _____

REHABILITATION PROGRAM COMPLETED? DESCRIBE _____

5. **RESPIRATORY IMPAIRMENT:** MILD ☐ MODERATE ☐ SEVERE ☐

CONTINUOUS O_2 USE? YES ☐ NO ☐

6. **DEPRESSION:** a) MILD ☐ SITUATIONAL ☐ CHRONIC ☐ MAJOR ☐ b) STABLE ☐ UNSTABLE ☐

7. **OBSTRUCTIVE SLEEP APNEA:** OSA: Treated YES ☐ NO ☐

Daytime Sleepiness YES ☐ NO ☐ AHI _____ Attach Sleep Studies

O DOES THIS DRIVER HAVE A COGNITIVE DEFICIT? YES ☐ NO ☐

IF YES OR UNCERTAIN, DESCRIBE BELOW

P PLEASE DESCRIBE IN DETAIL INFORMATION IDENTIFIED IN A-O.

1. _____

2. ATTACH RELEVANT TEST RESULTS (EKG, EEG, IMAGING, ETC)

Q 1. HOW LONG HAS THIS PATIENT BEEN UNDER YOUR CARE? _____

2. DO YOU RECOMMEND ANY DRIVING RESTRICTIONS? YES ☐ NO ☐

PLEASE SPECIFY _____

3. DO YOU RECOMMEND REMOVING THE LICENCE? YES ☐ NO ☐

4. DO YOU RECOMMEND A SPECIALIST'S OPINION IN SUPPORT OF A DRIVER'S LICENCE? YES ☐ NO ☐

SPECIALTY OF _____

5. HIGHEST CLASS OF LICENCE RECOMMENDED. _____

PHYSICIAN'S SIGNATURE PHYSICIAN'S NAME (PRINTED)

DATE OF EXAMINATION PHYSICIAN'S TELEPHONE NO.

I AUTHORIZE MY PHYSICIAN TO RELEASE THIS INFORMATION TO MANITOBA PUBLIC INSURANCE AND DRIVER ASSESSMENT AND MANAGEMENT PROGRAM.

DATE SIGNATURE TELEPHONE NO.

I AUTHORIZE MANITOBA PUBLIC INSURANCE TO RELEASE DRIVER TEST RESULTS TO MY PHYSICIAN.

DATE SIGNATURE TELEPHONE NO.

MPI USE ONLY ☐ MEDICALLY FIT ☐ MEDICALLY UNFIT ☐ FURTHER INFORMATION PROCESSED BY: _____

It is recommended that you keep a copy of this document for your records

3202-36-B6 MG-3979 DVL0008 (R-01/26)

This information is requested by Manitoba Public Insurance pursuant to Section 18 of *The Drivers and Vehicles Act*. Manitoba Public Insurance will use the information you provide for the purposes specifically stated on this form, related purposes set out in *The Highway Traffic Act* and *The Drivers and Vehicles Act*, and for any other purposes authorized by law.

Pursuant to Section 18.2 of *The Drivers and Vehicles Act*, physicians and optometrists are required to report any driver who may have a disease or disability that may be expected to interfere with the safe operation of a motor vehicle.

To the Driver/Applicant:

Pursuant to Section 18(1) of *The Drivers and Vehicles Act*, a physician or nurse practitioner aware of your medical history must complete this report. Return the completed report to your nearest Manitoba Public Insurance Service Centre, or by fax or mail to the address on this form.

Please be advised:

i. Pursuant to Section 18(5) or 18(8) of *The Drivers and Vehicles Act*, your driver's licence is subject to cancellation if you fail to comply within the time specified or, if you have a disease or disability that may interfere with the safe operation of a motor vehicle.

ii. If your licence has been declassed, suspended or cancelled, Driver Fitness will notify you regarding your eligibility to hold a driver's licence only after the medical reports are submitted and reviewed.

iii. If you are the holder of a Class 1-4 driver's licence and do **not** wish to maintain this licence class, please report to your nearest Autopac agent or Manitoba Public Insurance Service Centre to declass your licence. This report may still be required to maintain a Class 5 licence.

iv. A vision screening (Section M) may be completed for no charge at your nearest Manitoba Public Insurance Service Centre or mobile testing unit. Visit mpi.mb.ca to book an appointment.

v. A vision screening is not a comprehensive eye examination. If your vision has deteriorated, please see your eye care practitioner. If the vision screening results do not meet the vision standards, a vision examination report may be requested.

vi. The cost of a medical report requested by a third party, including any related examination, report, test or telephone call to the physician is not covered by Manitoba Health and is the responsibility of the individual concerned.

vii. If you are applying for a Class 1-4 licence, this medical report is valid for six months from the date it was completed by your physician. If you do not obtain a Class 1-4 authorized instruction within that six-month period, an updated medical report will be required.

To the Examining Physician or Nurse Practitioner:

Please complete the report on reverse in full.

This personal health information will be disclosed by Manitoba Public Insurance to the individual upon request unless, in your opinion, knowledge of the information could reasonably be expected to endanger the health and safety of the individual or another person, or identify a third party. For detailed information concerning medical standards, please consult the Canadian Council of Motor Transport Administrators, Medical Standards for Drivers.

Based on the information in the medical report, Manitoba Public Insurance may forward a referral to the Health Sciences Centre, Driving Assessment and Management Program. You will be identified as the referring health care provider.

Your fee for completing this report is not covered by Manitoba Health or Manitoba Public Insurance.

Thank you for your cooperation,

Registrar of Motor Vehicles

Ce document peut être obtenu en français sur demande