

Affix Microfilm Sticker Here

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"> <thead> <tr> <th></th> <th>Uncorrected</th> <th>Corrected</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>6/</td> <td>6/</td> </tr> <tr> <td>Left</td> <td>6/</td> <td>6/</td> </tr> <tr> <td>Both</td> <td>6/</td> <td>6/</td> </tr> </tbody> </table>			Uncorrected	Corrected	Right	6/	6/	Left	6/	6/	Both	6/	6/	<p>Standards</p> <p>Better eye 6/9 (20/30), weaker eye 6/30 (20/100) aided or unaided for Classes 1, 2, 3, 4 (Emergency).</p> <p>Better eye 6/12 (20/40), weaker eye 6/60 (20/200) aided or unaided for Classes 4 (Taxi) and 5 (Commercial).</p> <p>Better eye 6/15 (20/50) aided or unaided for Classes 5, 6 & 7.</p>		<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															
Right	6/	6/															
Left	6/	6/															
Both	6/	6/															
<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>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. _____</p> <p>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>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>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>		<p>8. Other</p> <p>Current history or evidence of any other disorder listed in the CCMTA Medical Standards that would disqualify a person from being issued an operator's licence for the requested Class.</p> <p>_____</p> <p>_____</p> <p>_____</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"> <thead> <tr> <th>State onset of Disease (approx date)</th> <th>Date of Last Seizure</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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>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>							
State onset of Disease (approx date)	Date of Last Seizure	Frequency															

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



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This information is being collected for the purposes of motor vehicle records in accordance with the Traffic Safety Act, administered by Alberta Transportation. Questions about the collection of this information can be directed to Alberta Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999 - 98 Avenue, Edmonton, Alberta T6B 2X3, 780-427-8230.