

This information is being collected for the purposes of motor vehicle administration in accordance with the *Traffic Safety Act*. The *Freedom of Information and Protection of Privacy Act*, s. 33(c) governs Alberta Transportation's collection of this information. Please direct questions about the collection and use of this information to Alberta Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999-98 Avenue, Edmonton, Alberta T6B 2X3, Phone: 780-427-8230. Further information can be located on our website: <https://www.transportation.alberta.ca/542.htm>

Last Name		First Name		Middle Name	Date of Birth (yyyy-mm-dd)	Telephone Number
Address		Apartment	City / Town	Province	MVID	Driver's Licence Number

### A. MEDICAL ASSESSMENT AND PHYSICAL EXAMINATION

Applicants must be assessed for each of the following medical conditions using the criteria from the Canadian Council of Motor Transport Administrators (CCMTA) Medical Standards for Drivers.

#### 1) VISION

a) Answer using Snellen Testing or equivalent:

	Right	Left	Both
Uncorrected			
Corrected			

ii) Confrontation screening has identified visual field loss?  Y  N

#### 2) HEARING

a) Hearing loss greater than 40dB averaged at 500, 1000, and 2000 Hz in their better ear?  Y  N

i) Is a hearing aid required?  One  Both  None

b) Hearing loss to the extent that a forced whispered voice cannot be perceived at 5 feet (1.5 meters) or greater without a hearing aid?  Y  N

i) Is a hearing aid required?  One  Both  None

#### 3) VESTIBULAR DISORDERS

a) Is there history or evidence of a vestibular disorder?  Y  N

#### 4) CARDIOVASCULAR SYSTEM

a) Is there history or evidence of any medically or surgically treated disorder of the heart or circulatory system that results in a **New York Heart Association (NYHA) Functional Classification**?  Y  N

i) NYHA Functional Classification:

Class I - No Limitation  Class II - Mild Limitation

Class III - Moderate Limitation  Class IV - Severe Limitation

b) Is there history or evidence of a medically or surgically treated disorder of the heart resulting in **left ventricular ejection fraction (LVEF)** less than 35%?  Y  N

c) Is there history or evidence of sinus node dysfunction?  Y  N

d) Is there history or evidence of an **Acute Coronary Syndrome** such as a **Myocardial Infarction**?  Y  N

i) Last incidence:

Less than 1 month  Greater than 1 month

Greater than 3 months  Greater than 6 months

Greater than 1 year

e) Is there history or evidence of **Cardiomyopathy**?  Y  N

i) Is this **cardiomyopathy hypertrophic**?  Yes  No

f) Is there history or evidence of **Abdominal Aortic Aneurysm**?  Y  N

g) Is there history or evidence of implantable cardioverter-defibrillator (ICD)?  Y  N

h) Is there history or evidence of one or more of the following heart surgeries?  Y  N

Specify the type of heart surgery:

Heart Transplant  CABG  Pacemaker  Valve Replacement

i) Heart surgery occurred:

Less than 1 month  Greater than 1 month

Greater than 3 months  Greater than 6 months

Greater than 1 year

#### 5) CEREBROVASCULAR SYSTEM

a) Is there history of **transient ischemic attack (TIA) or stroke (CVA)**?  Y  N

i) Last incident

Less than 1 year  Greater than 1 year

ii) Is there residual loss of functional ability?  Yes  No

#### 6) RESPIRATORY SYSTEM

a) Is there history or evidence of **respiratory disease**?  Y  N

i) Is the respiratory impairment:  Mild  Moderate  Severe

ii) Is oxygen required while driving?  Yes  No

#### 7) COGNITIVE

a) Is there evidence of severe **cognitive impairment or dementia**?  Y  N

b) Is there evidence of severe cognitive impairment or **dementia existing to a level** sufficient to require the applicant to stop driving?  Y  N

#### 8) NERVOUS SYSTEM

a) Is there history or evidence of **syncope**?  Y  N

i) Has the cause been identified and treated?  Yes  No

ii) Last incident of syncope:

Within the last week  Within the last month

Within the last 3 months  Within the last year  Greater than 1 year

b) Is there history or evidence of **epilepsy or a seizure disorder**?  Y  N

i) Date of last seizure:

Within the last 6 months  Greater than 6 months

Greater than 1 year  Greater than 5 years

c) Is there history or evidence of post **traumatic brain injury or brain tumour**?  Y  N

i) Is there any residual loss of functional ability?  Yes  No

d) Is there history or evidence of a **neurological disorder**?  Y  N

i) Specify:  Amyotrophic Lateral Sclerosis (ALS)  Parkinson's

Multiple Sclerosis (MS)  Other

ii) Is there any residual loss of functional ability:  Yes  No

### 9) MUSCULOSKELETAL/GENERAL DEBILITY

a) Is there history or evidence of **frailty, weakness or general debility**?  Y  N

b) Is there history or evidence of a **loss of upper or lower extremities or a musculoskeletal condition**?  Y  N

### 10) METABOLIC SYSTEM

a) Is there history or evidence of **Diabetes controlled by insulin**?  Y  N

b) Is the patient's diabetes classified as uncontrolled?

i) Is the HbA1C >12%? (not applicable for Class 5, 6, 7)  Yes  No

c) Has there been an episode of **hypoglycemia** where outside intervention was required or was there an incident of loss of consciousness in the previous 6 months?  Y  N

d) Have there been any episodes of **persistent hypoglycemia unawareness** within the last 3 months?  Y  N

### 11) RENAL SYSTEM

a) Is there history or evidence of **renal disease**?  Y  N

i) Is there residual loss of functional ability?  Yes  No

ii) Stage of renal disease:  Stage 1 - 4  Stage 5 (end stage)

### 12) PSYCHIATRIC DISORDERS

a) Is there history or evidence of a **psychiatric disorder** (e.g., Bipolar Disorder, Schizophrenia, etc.)?  Y  N

i) Compliant with treatment regime?  Yes  No

b) Is there history or evidence of one of the following disorders: Autism, Asperger's, or Fetal Alcohol Spectrum Disorder (FASD)?  Y  N

### 13) SLEEP DISORDERS

a) Is there history or evidence of **Obstructive Sleep Apnea (OSA)**?  Y  N

i) Is there a concern regarding the control or stability?  Yes  No

b) Is there history or evidence of **Narcolepsy**?

i) have there been any episodes of **daytime sleep attacks or cataplexy**?  Yes  No

### 14) SUBSTANCE ABUSE OR DEPENDENCE

a) Is there evidence of **alcohol or drug abuse or dependence** within the last 12 months?  Y  N

### B. PHYSICIAN'S STATEMENT AND CERTIFICATE

1) Are you the applicant's regular physician?  Y  N

i) If yes, for how long:  Under 1 year  1-5 years  Over 5 years

2) Functional Assessment is recommended in accordance with the CCMTA Medical Standards for Drivers.  Y  N

3) As per the CCMTA Medical Standards for Drivers do you recommend the applicant stop driving?  Y  N

4) Applicant is medically eligible for licence classification:  Y  N

1 - Tractor/Trailer  5 - Private Vehicles

2 - Large Buses  6 - Motorcycles

3 - Heavy Trucks (i.e., gravel)  7 - Learners

4 - Taxi's, Small Buses

I, \_\_\_\_\_  
Name of Physician

of \_\_\_\_\_  
Address

certify that the above named applicant was examined and this form was completed in accordance with the CCMTA Medical Standards for Drivers.

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Telephone Number

### C. OPERATOR'S CERTIFICATE AND WAIVER

I certify that the information provided to my physician during this examination is complete and true. I authorize the release of this information, as well as additional medical information an examining physician may wish to submit for the confidential use of Alberta Transportation.

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Signature of Applicant

### D. FOR USE BY GOVERNMENT ONLY

Accept for Class	Condition Codes	Licence Term Expiry Date
Approver Name		P # / Certificate #
Date (yyyy-mm-dd)	Approver Signature	

The numbers at the right denote the eligible class of licence for each medical statement. (4 T= Class 4 Taxi, 4 E= Class 4 Emergency)

Section	Requirements	Commercial				Non-Commercial			
		1	2	3	4T	4E	5	6	7
Vision	Visual acuity not less than 20/50 (6/15) with both eyes open and examined together.						✓	✓	✓
	Visual acuity not less than 20/40 (6/12) with both eyes open and examined together. Worse eye not less than 20/200 (6/60).				✓				
	Visual acuity not less than 20/30 (6/9) with both eyes open and examined together. Worse eye not less than 20/100 (6/30).	✓	✓	✓		✓			
	Visual field -120 continuous degrees along horizontal meridian and 15 continuous degrees above and below fixation with both eyes open and examined together.				✓		✓	✓	✓
	Visual field – 150 continuous degrees along the horizontal meridian and 20 continuous degrees above and below fixation with both eyes open and examined together.	✓	✓	✓		✓			
	Corrected Diplopia. Able to compensate for change in vision due to stereoscopic depth perception or monocularly.	✓	✓	✓	✓	✓	✓	✓	✓
Hearing	Able to perceive a forced whispered voice at no less than 5 feet (1.5 meters) with or without a hearing aid. 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.	✓	✓	✓	✓	✓			
Vestibular Disorder	Warning symptoms do not impair ability to drive and are of sufficient duration to allow the driver to pull over safely, it has been 6 months since an episode of vestibular dysfunction or drop attack and the treating physician indicates that the symptoms are controlled or a functional assessment indicates that the driver is able to operate a motor vehicle safely.	✓	✓	✓	✓	✓	✓	✓	✓
Cardiovascular System	<b>Myocardial Infarction</b> – Has an angiographic demonstration of less than a 50% reduction in the diameter of the left main coronary artery, or where they have a 50% or greater reduction in the diameter of the left main coronary artery, it has been successfully treated with revascularization the waiting periods have been met (Section 3.6.50).	✓	✓	✓	✓	✓	✓	✓	✓
	<b>Hypertrophic cardiomyopathy</b> – No episodes of impaired level of consciousness.						✓	✓	✓
	No family history of sudden death at a young age, left ventricular wall thickness of < 30 mm, shows no increase in blood pressure with exercise and has no non-sustained VT.	✓	✓	✓	✓	✓			
	<b>Implantable Cardioverter Defibrillator (ICD)</b> – Declined or implanted for primary prophylaxis – NYHA classification I, II, or III, and 4 weeks or more have passed since ICD implant.								
	<del>Implanted for secondary prophylaxis for sustained VT – NYHA classification I, II, or III, 1 week or more has passed since ICD implant, and 3 months or more has passed since sustained VT.</del>						✓	✓	✓
	<del>ICD therapy (shock or ATP) has been delivered – it has been 6 months since the event, and standards for underlying cardiovascular system are met.</del>								
	<del>Requirement, decline, receipt of and delivered therapy of an ICD generally renders the driver ineligible for a commercial class licence, refer to Standards for details.</del>								
	<b>Heart Surgery</b> – Medical history or evidence of heart surgery including, Heart Transplant, CABG, Pacemaker, etc., is not a contraindication if it is medically determined that a full recovery has been accomplished. Please refer to standards for waiting periods.	✓	✓	✓	✓	✓	✓	✓	✓
<b>Abdominal Aortic Aneurysm or dissection</b> – The aneurysm is not at a stage of imminent rupture. The diameter of the aneurysm or dissection is < 6.5 cm (Men), < 6 cm (Women).						✓	✓	✓	
	The aneurysm is not at a stage of imminent rupture. The diameter of the aneurysm or dissection is < 6 cm (Men), < 5.5 cm (Women).	✓	✓	✓	✓	✓			
Cerebrovascular System	Medical assessment shows no residual effects of a cerebrovascular accident (CVA), underlying cause has been addressed with appropriate treatment, post CVA seizure has not occurred, and functional abilities necessary for driving are not impaired.	✓	✓	✓	✓	✓	✓	✓	
Respiratory System	<b>Severe impairment and/or requiring supplemental oxygen</b> – renders the driver ineligible for a commercial class licence.	✓	✓	✓	✓	✓			
Cognitive	<b>Cognitive impairment or dementia</b> – complete medical assessment indicates cognitive functions necessary for driving are not impaired. Where required, functional assessment shows condition does not affect ability to drive.	✓	✓	✓	✓	✓	✓	✓	
	<b>Severe Dementia</b> – renders the driver ineligible for any class of licence.								
Nervous System	<b>Syncope</b> – Refer to Standards for waiting time.								
	<b>Seizures &amp; Epilepsy</b> – these conditions have significant implications in regards to the ability to safely operate a motor vehicle, refer to Standards for details. <b>Neurological disorder and traumatic brain injury</b> – range of motion, strength, coordination, and cognitive and visual function are sufficient to operate a motor vehicle. Any pain or drugs used to treat the condition are not affecting driving ability and where required an on-road assessment indicates the driver is able to compensate for any loss of functional ability.	✓	✓	✓	✓	✓	✓	✓	✓
Musculoskeletal/ General Debility	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 functional assessment, that the impairment with or without the use of compensating equipment does not interfere with the safe operation of a motor vehicle.	✓	✓	✓	✓	✓	✓	✓	
Metabolic System	Diabetes that requires insulin for control or incidence of hypoglycemia.	✓	✓	✓	✓	✓	✓	✓	
Renal System	<b>Stage 1-4 renal disease, end stage renal disease (stage 5) and renal transplant</b> – no residual effects and the functional abilities necessary for driving are not impaired.	✓	✓	✓	✓	✓	✓	✓	
Psychiatric Disorders	Condition is stable, driver has sufficient insight to stop driving if the condition becomes acute, functional abilities for driving are not impaired.	✓	✓	✓	✓	✓	✓	✓	
Sleep Disorders	<b>Obstructive Sleep Apnea (OSA)</b> – has untreated OSA with an AHI < 20, and has no daytime sleepiness, has OSA that is treated successfully, may not operate any class of vehicle if the driver has experienced a crash associated with falling asleep or reports excessive sleepiness while driving until sleep disorder successfully treated.	✓	✓	✓	✓	✓	✓	✓	
	<b>Narcolepsy</b> – there has been no daytime sleep attacks or episodes of cataplexy, with or without treatment, during the past 12 months. Renders the driver ineligible for a commercial class licence.						✓	✓	✓
Substance Abuse or Dependence	Clinical diagnosis of alcoholism or drug addiction.								
	<b>Medication</b> - If taking any medication that could, in the dosage prescribed, impair the ability to operate a motor vehicle.								

Drivers who have any type of medical condition which may affect their ability to safely operate a motor vehicle, are required by law to advise Alberta Transportation of their condition. Physicians are not legally required to report driver's medical conditions to Alberta Transportation, but are protected from legal action if they do so. Section 16(1) of the *Operator Licensing and Vehicle Control Regulation*, a person who holds or applies for a driver's licence shall immediately disclose to the Registrar a disease or disability that may be expected to interfere with the safe operation of a motor vehicle by the person.

**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 the appeal, you will be required to submit a detailed medical report completed by a physician addressing the area of concern. This information can be forwarded to Driver Fitness and Monitoring along with other information regarding the appeal.

**NOTE: The Alberta Health Insurance Plan will only pay for medical examinations for motor vehicle operators who are 74.5 years of age or older.**