

Name (Last, First, Second)		Date of Birth (yyyy/mm/dd)		Telephone Number	
Address		City / Town		Province	Postal Code
Apartment					
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.

1. Visual Acuity Results

Standards

	Uncorrected	Corrected	
Right	6/	6/	Better eye 6/9 (20/30), weaker eye 6/30 (20/100) aided or unaided for Classes 1, 2, 3, 4 (Emergency).
Left	6/	6/	Better eye 6/12 (20/40), weaker eye 6/60 (20/200) aided or unaided for Classes 4 (Taxi) and 5 (Commercial).
Both	6/	6/	Better eye 6/15 (20/50) aided or unaided for Classes 5, 6 & 7.

2. Hearing

Yes No Ref

Applies only to applicants wishing to operate a bus, taxi, ambulance, or transporters of dangerous goods.

a) Loss greater than 40 decibels averaged at 500, 1000 and 2000 HZ. May require an audiogram (refer to back of form). Yes No Ref

3. Cardiovascular/Cerebrovascular System

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). Yes No Ref

b) Current history, or evidence of uncontrolled Sick Sinus Syndrome. Yes No Ref

c) Aortic Aneurysm > 5.5 cm. Yes No Ref

d) Blood Pressure: Systolic _____ Diastolic _____

e) Recurrent transient ischemia attacks Yes No Ref

f) Past history of myocardial infarction (approx date). _____

4. Nervous System

a) Current history of multiple syncope episodes. Yes No Ref

b) Current history of spontaneous seizures uncontrolled or controlled less than 12 months (exempted: toxic illness now recovered). Yes No Ref

State onset of Disease (approx date)	Date of Last Seizure	Frequency

c) Current history of uncontrolled Narcolepsy. Yes No Ref

d) Current history of uncontrolled Meniere's disease. Yes No Ref

e) Post traumatic conditions that should require the applicant to successfully pass a road test examination. Yes No Ref

4. Nervous System (Continued)

Yes No Ref

f) Memory dysfunction or evidence of MILD dementia that should require the applicant to successfully pass a road test examination. Yes No Ref

g) Evidence of MODERATE to SEVERE dementia or cognitive dysfunction. Yes No Ref

5. Respiratory System

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). Yes No Ref

6. Metabolic System

a) If diabetes is present, state onset of illness (approx date). _____

b) Date of last significant hypoglycemic episode. _____

Type of control: Diet only Oral Medication Insulin

c) Insulin dependent diabetic who has had insulin related hypoglycemic attacks controlled less than 1 month or who has a history of alcohol abuse. Yes No Ref

d) Current history of uncontrolled hypoglycemia for any other reason. Yes No Ref

e) Current history of uncontrolled symptomatic hypothyroidism, Cushing's Disease, Addison's Disease, or pheochromocytoma. Yes No Ref

7. Psychiatric Disorders

a) Current history, or evidence of uncontrolled Psychosis or Bipolar Disorders. Yes No Ref

b) Current history, or evidence of habitual alcohol abuse or illicit drug use. Yes No Ref

8. Other

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.

B. PHYSICIAN'S STATEMENT AND CERTIFICATE

- Are you the applicant's regular doctor? Yes No
If yes, how long has the patient been under your care? _____
- Would you recommend a driver's examination? Yes No
- Patient meets the medical requirements for licence classification:

<input type="checkbox"/> 1 - Tractor/Trailer	<input type="checkbox"/> 4 - Taxis, Small Buses	<input type="checkbox"/> 6 - Motorcycles
<input type="checkbox"/> 2 - Large Buses	<input type="checkbox"/> 5 - Private Vehicles	<input type="checkbox"/> 7 - Learners
<input type="checkbox"/> 3 - Heavy Trucks (i.e. gravel)		

I, _____
Name of Doctor

of _____
Address

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

Physician's Signature

Date of Examination

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

The numbers at the right denote the eligible class of licence for each medical statement.

		Class									
		1	2	3	4 (Emergency)	4 (Taxi)	5 (Commercial)	5	6	7	
Vision Requirements	Not less than 6/9 (20/30) with both eyes open and examined together.	1	2	3	4 (Emergency)						
	Not less than 6/12 (20/40) with both eyes open and examined together.				4 (Taxi)		5 (Commercial)				
	Not less than 6/15 (20/50) with both eyes open and examined together.						5		6	7	
	Must be able to identify (traffic lights).	1	2	3	4		5		6	7	
	150 continuous degrees along the horizontal meridian and 20 continuous degrees above and below fixation with both eyes open and examined together.	1	2	3	4 (Emergency)				6		
	120 continuous degrees along the horizontal meridian and 15 continuous degrees above and below fixation with both eyes open and examined together.				4 (Taxi)		5			7	
	Corrected Diplopia.			3			5		6	7	
Hearing Requirements	If unable to perceive at least a forced whispered voice at no less than five feet in the best ear. 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 under the new I.S.O. standards and using a puretone audiometer.	1		3			5		6	7	
Cardiovascular/ Cerebrovascular System	Medical evidence of a first myocardial infarction, angina pectoris, thrombosis, etc., is not a contraindication if it is medically determined that a full recovery has been accomplished.						5		6	7	
	History of successful aortic aneurysm resection.	1	2	3	4		5		6	7	
	Presence of hypertension accompanied by postural hypotension and vertigo.						5		6	7	
Nervous System	Medical history of loss of consciousness, or awareness due to chronic or recurring condition. Medical history or diagnosis of a disorder of the muscle-skeletal or nervous system which may interfere with the safe operation of a motor vehicle. The driver with evidence of memory impairment or with mild dementia (difficulty with complex tasks such as managing finances, shopping, taking medication, cooking) may be able to drive a private vehicle. Annual driver's reassessment required. Decisions regarding driver licensing will be done on an individual basis to determine any conditions/restrictions for driving.										
Respiratory System	Medical evidence of respiratory dysfunction likely to interfere with the safe operation of a motor vehicle.						5			7	
Metabolic System	History or clinical diagnosis of diabetes that requires insulin for control.						5		6	7	
Psychiatric Disorders	Medical evidence of an intractable psychoneurotic disorder, having particular regard for sustained hostility: aggressive, paranoid or suicidal tendencies: or agitated depression.										
Other	If taking any medication that could, in the dosage prescribed, impair the ability to operate a motor vehicle.										
	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 a functional assessment, that the impairment with or without the use of compensating equipment does not interfere with safe operation of a motor vehicle.	1		3				5		6	7
	Clinical diagnosis of alcoholism or drug addiction. Other physical or mental impairment, disease or condition which is likely to significantly interfere with the individual's ability to safely operate a motor vehicle. Must submit medical report upon application.	1	2		4						

Drivers who have any type of medical condition, such as diabetes, heart disease, epilepsy, or vision problems which may affect their ability to safely operate a motor vehicle, are required by law to advise Alberta Transportation of the condition.

Alberta Transportation will conduct a medical review on an individual case basis for clients who do not meet the Canadian Council of Motor Transport Administrators Medical Standards for Drivers for a specific licence classification.

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 an appeal, you will be required to submit a detailed medical report completed by a physician specializing in that field of concern. This report can be forwarded to Driver Fitness and Monitoring along with any other information regarding the appeal.

NOTE: The Alberta Health Care Insurance Plan will only pay for medical examinations for motor vehicle operators who are 75 years of age or older.