

Name (Last, First, Second)		Date of Birth (yyyy/mm/dd)		Telephone Number	
Address		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.

#### 1. Visual Acuity Results

	Uncorrected	Corrected	Standards
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

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 \_\_\_\_\_ ☐ Yes ☐ No ☐ Ref
- e) Recurrent transient ischemia attacks ☐ Yes ☐ No ☐ Ref
- f) Past history of myocardial infarction (approx date). \_\_\_\_\_ ☐ Yes ☐ No ☐ Ref

#### 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)

- 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

1. Are you the applicant's regular doctor? ☐ Yes ☐ No

If yes, how long has the patient been under your care? \_\_\_\_\_

2. Would you recommend a driver's examination? ☐ Yes ☐ No

3. Patient meets the medical requirements for licence classification:

- ☐ 1 - Tractor/Trailer ☐ 4 - Taxis, Small Buses ☐ 6 - Motorcycles  
☐ 2 - Large Buses ☐ 5 - Private Vehicles ☐ 7 - Learners  
☐ 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



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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.

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