

Avec vous,
au cœur de votre sécurité

Driver's licence number

To be completed by a member of the Ordre des ergothérapeutes du Québec.

Any fees charged for completing this form **must be paid by the person undergoing the examination** and do not qualify for reimbursement by the SAAQ.

Return the form to:

Service de l'évaluation médicale
et du suivi du comportement
Société de l'assurance automobile du Québec
Case postale 19500, succursale Terminus
Québec (Québec) G1K 8J5

PLEASE PAY PARTICULAR ATTENTION TO THE MESSAGE BELOW.**TO THE PERSON UNDERGOING THE EXAMINATION**

Please read and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 6.

I hereby authorize the Société de l'assurance automobile du Québec to discuss, when necessary, medical information concerning me with the health care professional who has signed this form. I understand that a summary of all communications will be kept in my file.

Under sections 2840 and 2841 of the Civil Code of Québec, a computer reproduction of this authorization carries the same value as the original.

Signature of the person undergoing the examination

Date (Year-Month-Day)

1 MEDICAL HISTORY

Diagnosis: _____

Related conditions: _____

Source of medical information:☐ Report on a person's state health ☐ Medical file ☐ Other (specify): _____**Subject is referred by:**☐ Physician ☐ MSSS officer ☐ Self ☐ Agency (specify): _____☐ Other (specify): _____Comments (provide other relevant medical information and specify medication, if any):

_____**2 INFORMATION CONCERNING THE SUBJECT**

The subject has held a licence to drive since: _____ Licence class(es) held: _____ Condition(s): _____

The subject has stopped driving road vehicles since: _____
(Year-Month-Day)Comments: _____



3 INFORMATION ON THE SUBJECT'S VEHICLE

Type of vehicle: ☐ Passenger car ☐ Other, specify: _____

Features: ☐ Automatic transmission ☐ Power steering ☐ Manual dimmer switch
☐ Standard transmission ☐ Safety harness ☐ Accelerator on the left
☐ Power brakes ☐ Hand-operated controls ☐ Other controls adapted to his/her disability (append list of adaptations)

Comments: _____

4 OCULAR/VISUAL CONDITION

See ☐ Report on a person's state health **Visual acuity according to Snellen chart:** Right eye 6/ _____ Left eye 6/ _____ Both eyes 6/ _____
Visual fields: Right eye 6/ _____ Left eye 6/ _____ Both eyes 6/ _____

Ocular movement disorders (diplopia, nystagmus, strabismus, abnormal head tilting), specify:

Comments: _____

5 LIMBS AND SPINE

UPPER AND LOWER LIMBS

Without device assistance

Use these letters to fill out the table below:

N ► no impairment L ► slight impairment M ► moderate impairment S ► severe impairment A ► amputation

| | Range of active motion | | Muscular strength | | Control of motion | | Sensitivity/Self-perception | |
|----------------|------------------------|------|-------------------|------|-------------------|------|-----------------------------|------|
| | Right | Left | Right | Left | Right | Left | Right | Left |
| Shoulder | | | | | | | | |
| Elbow | | | | | | | | |
| Wrist | | | | | | | | |
| Hand | | | | | | | | |
| Hip | | | | | | | | |
| Knee | | | | | | | | |
| Ankle and foot | | | | | | | | |

Overall evaluation of upper limbs with device assistance (if any)

Describe device:

Right upper limb: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving
 Left upper limb: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Comments: _____



5 LIMBS AND SPINE (CONTINUED)

Overall evaluation of lower limbs with device assistance (if any)

Describe device:

Right lower limb: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Left lower limb: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Comments:

NECK AND SPINE

Without device assistance

| | Range of active motion | Muscular strength | Control of motion |
|---------------------|------------------------|-------------------|-------------------|
| Cervical spine | | | |
| Thoracolumbar spine | | | |

Overall evaluation of neck and spine with device assistance (if any)

Describe device:

Neck: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Spine: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Comments:

Overall evaluation of balance when seated: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Tolerance to physical effort: ☐ Normal ☐ Sufficient for driving ☐ Insufficient for driving

Describe device used, if any:



6 PERCEPTUAL/COGNITIVE FUNCTIONS, COMMUNICATION AND BEHAVIOUR

Evaluation of perceptual/cognitive functions

(e.g. memory disorders, divided attention, praxis, self-criticism, concentration, judgment, information processing speed, somatognosia, etc.)

Comments:

Evaluation method and measurement tools used:

Overall evaluation of communication

(e.g. understanding road signs and traffic signals, understanding written instructions, understanding verbal instructions, etc.)

Comments:

Evaluation method and measurement tools used:

Overall evaluation of behaviour

(e.g. impulsiveness, cooperation, aggressiveness, etc.)

Comments:

Evaluation method and measurement tools used:

**7 ROAD TEST (CONTINUED)**

Correlation between observations noted in the office and performance on the road:

8 EVALUATION RESULTS

Road test result:

☐ Pass☐ FailIn case of failure, does the subject show development or rehabilitation potential? ☐ Yes ☐ NoCheck if required: ☐ Driving a vehicle accompanied by a driving school monitor or occupational therapistIf the subject passed the test, do any conditions need to be attached to the licence? ☐ Yes ☐ No

If Yes, check:

☐ Automatic transmission☐ Safety harness☐ Accelerator on the left☐ Power brakes☐ Hand-operated controls☐ Other controls adapted to his/her disability (append list of adaptations)☐ Power steering☐ Manual dimmer switch

Comments:

9 OCCUPATIONAL THERAPIST IDENTIFICATION

| | | |
|---|-------------|--------------------------------------|
| Last name and first name (please print) | | Professional licence number |
| Address of facility (street number, street name, apartment) | | Date of examination (Year-Month-Day) |
| Municipality | Postal code | Date of road test (Year-Month-Day) |
| Telephone (office) | Extension | Signature |
| | | Date of the report (Year-Month-Day) |

You may enclose any document that you deem relevant with this form.

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.