



Avec vous,
au cœur de votre sécurité

Driver's licence number

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

Last name	Date of birth (Year-Month-Day)	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.	
First name	Telephone (home)	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	
Address (street number, street name, apartment)	Telephone (work)	Extension	
Municipality	Postal code		

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 of 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: _____ Year _____ **Licence class(es) held:** _____ **Condition(s):** _____

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

Comments: _____



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3 INFORMATION ON THE SUBJECT'S VEHICLE

Type of vehicle:	<input type="checkbox"/> Passenger car	<input type="checkbox"/> Other, specify: _____
Features:	<input type="checkbox"/> Automatic transmission <input type="checkbox"/> Power steering <input type="checkbox"/> Manual dimmer switch <input type="checkbox"/> Standard transmission <input type="checkbox"/> Safety harness <input type="checkbox"/> Accelerator on the left <input type="checkbox"/> Power brakes <input type="checkbox"/> Hand-operated controls <input type="checkbox"/> 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:

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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:



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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:



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7 | ROAD TEST

If the road test is NOT APPROPRIATE, specify why. If it is APPROPRIATE, give the result:

Not appropriate, specify: _____
 Appropriate result: _____

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

Features:	<input type="checkbox"/> Automatic transmission	<input type="checkbox"/> Power steering	<input type="checkbox"/> Manual dimmer switch
	<input type="checkbox"/> Standard transmission	<input type="checkbox"/> Safety harness	<input type="checkbox"/> Accelerator on the left
	<input type="checkbox"/> Power brakes	<input type="checkbox"/> Hand-operated controls	<input type="checkbox"/> Other controls adapted to his/her disability <i>(append list of adaptations)</i>

Has the subject taken part in any driver training sessions? Yes No If yes, how many? _____

The SAAQ requires that the road test include a variety of driving situations of increasing complexity that include at least the following: various speed limits, driving familiar and unfamiliar routes, unprotected left turns, driving on rural and urban roads.

Specify the route (e.g. urban, highway, boulevard, etc.) and describe how the test was carried out:



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7 ROAD TEST (CONTINUED)

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

8 EVALUATION RESULTS

Road test result: Pass Fail

In case of failure, does the subject show development or rehabilitation potential? Yes No

Check if required: Driving a vehicle accompanied by a driving school monitor or occupational therapist

If the subject passed the test, do any conditions need to be attached to the licence? Yes No

If Yes, check:

<input type="checkbox"/> Automatic transmission	<input type="checkbox"/> Safety harness	<input type="checkbox"/> Accelerator on the left
<input type="checkbox"/> Power brakes	<input type="checkbox"/> Hand-operated controls	<input type="checkbox"/> Other controls adapted to his/her disability (append list of adaptations)
<input type="checkbox"/> Power steering	<input type="checkbox"/> Manual dimmer switch	

Comments:

9 OCCUPATIONAL THERAPIST IDENTIFICATION

Last name and first name (please print)		Professionnal 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

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.