

Avec vous,
au cœur de votre sécurité

Driver's licence number

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

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 2.

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 ROAD TESTDate of road test: _____ Time: _____ Duration: _____
(Year-Month-Day)Type of vehicle used: ☐ 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*)

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:

**1 ROAD TEST (CONTINUED)**

*(If more space is required, please enclose a separate sheet.)***2 EVALUATION AND COMMENTS**

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:

☐ 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:

3 OCCUPATIONAL THERAPIST IDENTIFICATION

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

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.