Erase

Société de l'assurance automobile Québec

Avec vous, au cœur de votre sécurité

Eye Examination Report – Ophthalmology/Optometry

Eye Health – Fitness to Drive

5

Driver's licence number: _____

Licence holder

Last name

First name

Date of birth (Year-Month-Day)

Address

Street number | Street name | Apartment

Municipality | Postal code | Telephone (main)

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

Upload this form to your SAAQclic account: saaqclic.saaq.gouv.qc.ca/en

Or

Return it to:
Direction de l'accompagnement
et de l'expertise santé
Société de l'assurance automobile du Québec
Case postale 19500, succursale Terminus
Québec (Québec) G1K 8J5

For the examinee

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 articles 2840 and 2841 of the *Civil Code of Québec*, a digital copy of this authorization carries the same value as the original.

Signature _____ Date (Year-Month-Day) _____

For the health care professional

The examination must cover any prior or current illness that may affect the examinee's ability to drive.

You can refer to the *Guide explicatif du Règlement relatif à la santé des conducteurs* (available in French only) at: saaq.gouv.qc.ca/extranet-sante/sante-conducteurs.

1 Visual acuity (according to the Snellen chart) excluding correction with telescopic lenses

(Sections 3 to 5)

Without correction	6/9 or higher	6/12	6/15	Lower than 6/15 (Enter the score)	**With correction**	6/9 or higher	6/12	6/15	Lower than 6/15 (Enter the score)
Right eye	☐	☐	☐	☐ 6/	Right eye	☐	☐	☐	☐ 6/
Left eye	☐	☐	☐	☐ 6/	Left eye	☐	☐	☐	☐ 6/
Both eyes	☐	☐	☐	☐ 6/	Both eyes	☐	☐	☐	☐ 6/

2 Monocular vision

(Section 11)

Does the examinee have monocular vision as defined in the *Regulation respecting the health of drivers*?

☐ Yes ☐ No ▸ **If so,** indicate for how long: ☐ Less than 3 months ☐ From 3 to 12 months ☐ More than 12 months

3 Visual field

(Section 6 to 7)

Does the examinee have a binocular visual field anomaly as described in the *Regulation respecting the health of drivers*?

☐ Yes ☐ No ▸ **If so,** you must submit a copy of the binocular visual field charts, signed by the specialist, showing that the visual field has been measured up to 160 degrees using the Goldmann III/4e technique with scotoma screening, the Esterman technique or a technique recognized as equivalent.

▸ **If the examinee has hemianopsia,** please specify the affected side: ☐ Right ☐ Left

▸ **If the examinee has quadrantanopsia,** please specify the affected side: ☐ Right ☐ Left

Note: The visual field test must be taken with the lenses worn for driving and with both eyes open and examined together.

Driver's licence number: _____

4 Colour vision

(Section 8)

Does the examinee have a severe colour vision deficiency (the perception of red, green or yellow) that could affect their ability to distinguish traffic lights?

☐ Yes ☐ No ▸ **If so,** what is the cause? ☐ Congenital ☐ Other, please specify: _____

▸ Date of onset (Year-Month-Day): _____

5 Diplopia within the central 40 degrees

(Sections 9 to 11)

Does the examinee have diplopia within the central 40 degrees?

☐ Yes ☐ No ▸ **If so,** is diplopia present in distance vision? ☐ Yes ☐ No

▸ What is the correction? ☐ Occlusion ☐ Prism ☐ None

▸ **If using occlusion,** when did it begin? ☐ Less than 3 months ago ☐ 3 months ago or more

Comments: _____

6 Eye conditions

(Section 12)

	Right eye	Left eye		Right eye	Left eye		Right eye	Left eye
None	☐	☐	Wet macular degeneration	☐	☐	Glaucoma	☐	☐
Cataract	☐	☐	Dry macular degeneration	☐	☐	Retinitis pigmentosa	☐	☐
Scheduled surgery (cataract)	☐	☐	Corneal dystrophy or degeneration	☐	☐	Basic diabetic retinopathy	☐	☐
Pseudophakia	☐	☐	Maculopathy	☐	☐	Proliferative diabetic retinopathy	☐	☐
Detached retina	☐	☐	Macular hole or epiretinal membrane	☐	☐	Central retinal vein occlusion	☐	☐

☐ Other eye condition, please specify: _____

7 Recommendations

Do you recommend that the examinee avoid driving between sunset and sunrise? ☐ Yes ☐ No

Does the examinee have an eye condition that could affect their fitness to drive? ☐ Yes ☐ No

Examining health care professional

Last name (please print)			Profession ☐ Ophthalmologist ☐ Optometrist		Address stamp (where applicable)
First name (please print)			Professional licence number		
Address	Street number	Street name		Apartment	
Municipality		Postal code	Telephone (work) / Extension	Fax	
Examination date (Year-Month-Day)	Date of the report (Year-Month-Day)	**Signature**			

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

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.