



Driver's Licence

Driver's licence number: _____

Licence holder

Last name <input type="text"/>	Date of birth (Year-Month-Day) <input type="text"/>	
First name <input type="text"/>		
Address		
Street number <input type="text"/>	Street name <input type="text"/>	Apartment <input type="text"/>
Municipality <input type="text"/>	Postal code <input type="text"/>	Telephone (main) <input type="text"/>

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

**Submit this form through your SAAQclic
account:** saqclic.saaq.gouv.qc.ca/en

Or

Return it by mail 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 sections 2840 and 2841 of the *Civil Code of Québec*, a computer reproduction of this authorization carries the same value as the original.

Signature

Date (Year-Month-Day)

For the health care professional

The examination must take into account prior and current ailments that may affect the person's ability to drive.

Discuss any positive response under "Comments" in section 2.

1 Psychiatric disorders

Does the person currently suffer from a psychiatric disorder or have a history of such problems? Yes No **► If so, please specify:**

Is the person under medical supervision for the condition? Yes No

Number of psychotic episodes over the past 3 years: _____ **► 12 months:** _____ **► End date of the last psychotic episode (Year-Month-Day):** _____

Has the person been asymptomatic for the past 12 months? Yes No

Nature and severity of current symptoms (mild or severe): _____

Treatment, medication, dosage: _____



Driver's licence number: _____

1 Psychiatric disorders (continued)Is the disorder currently under control? Yes No► Is the dosage of medication compatible with safe driving? Yes No► Is the person faithful to treatment and medical follow-up? Yes NoBased on the current edition of the DSM, is there a substance use disorder diagnosis? Yes No► Which substance: Alcohol Drugs Other, please specify: _____► Severity of the substance use disorder by the number of criteria met: Mild (2 to 3) Moderate (4 to 5) Severe (6 or more)

► Remission start date (Year-Month-Day): _____

► Substance use (frequency, amount consumed/day):

_____Does the person have the necessary sense of self-criticism and judgment for driving? Yes No

► I monitored the person regularly from (Year-Month-Day): _____ to (Year-Month-Day): _____

Is the person able to safely operate:
► an articulated heavy vehicle? Yes No ► a minibus? Yes No
► a bus? Yes No ► a passenger vehicle? Yes No
► an non-articulated heavy vehicle? Yes No ► a motorcycle? Yes No
► an emergency vehicle? Yes No ► a moped? Yes No**2 Describe any situation that may suggest a risk to driving a road vehicle**

Attach a separate sheet if needed.

Examining health care professional**General information for the health care professional****The SAAQ does not conduct psychiatric examinations or assessments in connection with a licence to operate a motor vehicle.**

If the health care professional wants an examination to be done by another health care professional, the examinee will be responsible for submitting the report by the deadline set for returning this form.

The patient has been in my care since (Year-Month-Day): _____ ► Number of visits per year: _____

Last name and first name (please print) _____ Profession _____ 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.