



Driver's licence number: \_\_\_\_\_

### Licence holder

Last name _____		
First name _____		Date of birth (Year-Month-Day) _____
<b>Address</b>		
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.

**Submit this form through your SAAQclik account:** [saaqclik.saaq.gouv.qc.ca/en](http://saaqclik.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 ☐ No

Based 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](http://saaq.gouv.qc.ca/privacy) or contact the SAAQ's call centre.