

Avec vous,
au cœur de votre sécurité

Driver's Licence

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.**Submit this form through your SAAQclik
account:** 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 "Recommendations and comments" in section 5.

1 Current or prior neurological disorders

Diagnosis: _____ ▶ Treatment, relevant dates and progress: _____

Impairment of cognitive functions? ☐ Yes ☐ No ▶ If so, what are the cognitive impairments? _____Motor, sensory impairment or difficulty in balance or coordination? ☐ Yes ☐ No

▶ Describe the exact location, indicate the severity and comment on functional limitations: _____

2 Epilepsy

Types of
seizures:☐ Generalized, partial
complex, absenceDate of first seizure
(Year-Month-Day):

▶ _____

Date of last seizure
(Year-Month-Day):

▶ _____

▶ Describe symptoms during seizures: _____

Time of
seizure:☐ Partial simple or focal

▶ _____

▶ _____

☐ While sleeping

▶ _____

▶ _____

☐ While awake

▶ _____

▶ _____



2 Epilepsy (continued)

Circumstances: ▶ Was the last seizure the result of an interruption or change of medication prescribed by a physician while epilepsy was controlled?

☐ Yes ☐ No ▶ **If so, explain:** _____

▶ Was the last seizure the result of an exceptional circumstance or an intercurrent disease whose cause has been clearly established and unlikely to recur?

☐ Yes ☐ No ▶ **If so, explain:** _____

Treatment: ▶ Medication and dosage: _____

▶ Is the person adhering to treatment and does he or she report the seizures? ☐ Yes ☐ No ▶ **If not, explain:** _____

3 Single seizure (convulsive or non-convulsive)

Provide an EEG report in connection with the seizure and detail its nature, characteristics and circumstances: _____

_____ ▶ Date of single seizure (Year-Month-Day): _____

4 Non-epileptic seizures (convulsive or non-convulsive: toxic, alcohol- or drug-related, or other)

Describe nature, cause and circumstances of seizures, with dates: _____

_____ ▶ Abstinence from the seizure-causing substance since (Year-Month-Day): _____

5 Recommendations and comments

Indicate your opinion as to whether the SAAQ should require this person to submit to additional assessments regarding his or her fitness to drive.

▶ On-road assessment by a SAAQ examiner: ☐ Yes ☐ No ▶ **If so, please specify below.**

▶ Functional assessment by an occupational therapist: ☐ Yes ☐ No ▶ **If so, please specify below.**

Should this individual cease driving while awaiting these assessments? ☐ Yes ☐ No ▶ **If so, please specify below.**

Comments: _____

_____ Attach a separate sheet if needed.

Examining health care professional

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
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.