

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](https://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 5.**

## 1 Diagnosis

  
  
  
  
Changing condition: ☐ Yes ☐ No

## 2 Hearing loss

Does the person have clinically detectable hearing loss?

☐ Yes ☐ No

▶ If so, is the person able to perceive a forced whispered voice at a distance of 1.5 metres?

▶ With a hearing aid: ☐ Yes ☐ No▶ Without a hearing aid: ☐ Yes ☐ No

AND

▶ If so, provide the result of a recent audiogram with the average tonal threshold in decibels **for the best ear** measured at 500, 1,000 and 2,000 hertz.  
If the person wears a hearing aid, conduct the audiogram with the device worn when driving.

Average tonal threshold: ▶ With device: \_\_\_\_\_ decibels ▶ Without device: \_\_\_\_\_ decibels ▶ Date of test (Year-Month-Day): \_\_\_\_\_

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



### 3 Vertigo

Does the person experience, or has the person previously experienced, vertigo? ☐ Yes ☐ No

► Date of last episode (Year-Month-Day): \_\_\_\_\_

► How does the vertigo occur? ☐ Suddenly ☐ Gradually

► Describe the nature, duration, frequency, severity and treatment: \_\_\_\_\_

\_\_\_\_\_

### 4 Other O.R.L. Factors likely to affect driving

Describe nature and functional impairment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5 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		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.