



Driver's Licence

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 SAAQclic  
account:** [saqclic.saaq.gouv.qc.ca/en](http://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 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): \_\_\_\_\_

