



Avec vous,
 au cœur de votre sécurité

Driver's licence number _____

Last name _____		Date of birth (Year-Month-Day) _____	
First name _____		Telephone (home) _____	
Address (number, street, apartment) _____		Telephone (work) _____	Extension _____
Municipality _____		Postal code _____	

Any fees related to this report **must be paid by the person undergoing the examination** and do not qualify for reimbursement by the SAAQ.

Return the form to:
 Service de l'évaluation médicale
 Société de l'assurance automobile du Québec
 Case postale 19500, succursale Terminus
 Québec (Québec) G1K 8J5

Certain medical conditions can affect the safe driving of a road vehicle. In accordance with the *Highway Safety Code*, you must inform the SAAQ of ANY MEDICAL CONDITION OR DETERIORATION OF YOUR STATE OF HEALTH THAT HAS NOT YET BEEN REPORTED. Check the appropriate box(es).

1. I wear glasses or contact lenses to drive. <input type="checkbox"/>	10. I have a cognitive impairment (dementia, Alzheimer's disease, memory or orientation problems, etc.). <input type="checkbox"/>
2. I have an eye disease or disorder (cataracts, glaucoma, retinopathy, macular degeneration, double vision, loss of an eye or no vision in one eye, etc.). <input type="checkbox"/>	11. I have had epileptic seizures. <input type="checkbox"/>
3. I have a hearing impairment and I drive a minibus, a bus or an emergency vehicle or I transport dangerous substances. <input type="checkbox"/>	12. I have a neurological condition that restricts my activities (stroke, head trauma, paralysis, Parkinson's disease, multiple sclerosis, etc.). <input type="checkbox"/>
4. I suffer from vertigo that restricts my activities. <input type="checkbox"/>	13. I have experienced loss of consciousness in the past 12 months (syncope, convulsions, hypoglycemic episodes, etc.). <input type="checkbox"/>
5. I have a heart disease that restricts activities such as walking. <input type="checkbox"/>	14. I have insulin-treated diabetes. <input type="checkbox"/>
6. I experience excessive sleepiness related to a sleep disorder. <input type="checkbox"/>	15. I have a lung disease that restricts activities such as walking. <input type="checkbox"/>
7. I have had significant movement limitations for several months in my neck, hands, and feet. <input type="checkbox"/>	16. I have experienced a deterioration of my functional abilities (I need home assistance to carry out daily activities such as eating, hygiene, dressing, getting around, etc.). <input type="checkbox"/>
8. I have a serious psychiatric disorder (schizophrenia, bipolar disorder, major depression, etc.). <input type="checkbox"/>	17. I regularly take medication that causes daytime drowsiness. <input type="checkbox"/>
9. I have a substance use disorder (alcohol, drugs or other substances). <input type="checkbox"/>	

I do not have any of the medical conditions listed above or any new health problem to declare.

I no longer wish to drive. I am cancelling all my licences.

I confirm that I have indicated the situation(s) concerning me.

Signature

Date (Year-Month-Day)

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.