



Declaration of Illness or Functional Impairment and Visual Test Results

**You must inform the SAAQ of any new health problem that you have not yet declared.
Check the appropriate box(es) below.**

- | | |
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| <p>1. <input type="checkbox"/> I wear glasses or contact lenses to drive.</p> <p>2. <input type="checkbox"/> 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.).</p> <p>3. <input type="checkbox"/> I have a hearing impairment (partial or total deafness) with or without a hearing aid.</p> <p>4. <input type="checkbox"/> I suffer from severe vertigo.</p> <p>5. <input type="checkbox"/> I have a heart condition that restricts activities such as walking (infarction, angina, palpitations, defibrillator, transplant, etc.).</p> <p>6. <input type="checkbox"/> I experience excessive sleepiness related to a sleep disorder (sleep apnea, narcolepsy, etc.).</p> <p>7. <input type="checkbox"/> I have had significant movement limitations for several months in my neck, hands or feet (amputation, permanent immobility, polyarthritis, etc.).</p> <p>8. <input type="checkbox"/> I have a serious behavioural problem or psychiatric disorder (schizophrenia, bipolar disorder, recurrent major depression, etc.).</p> <p>9. <input type="checkbox"/> I have a substance use disorder (alcohol, drugs or other substances).</p> | <p>10. <input type="checkbox"/> I have a cognitive impairment (dementia, Alzheimer's disease, psychomotor retardation, etc.).</p> <p>11. <input type="checkbox"/> I have had epileptic seizures.</p> <p>12. <input type="checkbox"/> I have a neurological condition (stroke, head trauma, paralysis, Parkinson's disease, multiple sclerosis, etc.).</p> <p>13. <input type="checkbox"/> I have experienced loss of consciousness, syncope or non-epileptic convulsions in the past 12 months.</p> <p>14. <input type="checkbox"/> I have diabetes.</p> <p>15. <input type="checkbox"/> I have a lung disease that restricts activities such as walking (emphysema, chronic bronchitis, any condition requiring the use of oxygen, etc.).</p> <p>16. <input type="checkbox"/> I need home assistance to carry out daily activities (eating, hygiene, dressing, moving about, etc.).</p> <p>17. <input type="checkbox"/> I take medication that causes daytime drowsiness (sleeping pills, anti-anxiety medication, painkillers, etc.).</p> |
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Driver's licence number

Signature

Date

Year Month Day

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at www.saaq.gouv.qc.ca or contact the Société's call centre.

À l'usage de la Société

| | | | | |
|-------------------------------|-------------------------------|-------------------------------------|------------------------------|--------------------|
| Année | Mois | Jour | Numéro d'identification (NI) | Centre de services |
| <input type="checkbox"/> Avec | <input type="checkbox"/> Sans | Lunettes ou lentilles cornéennes | Acuité binoculaire 20/ | Numéro d'usager |

Société de l'assurance automobile du Québec