

Return the original copy of this form to:
 Service de l'évaluation médicale et du suivi du comportement
 Société de l'assurance automobile du Québec
 Case postale 19500, succursale Terminus
 Québec (Québec) G1K 8J5

Last Name _____ First name _____ Driver's licence number _____

Address (street number, street name, apartment) _____ Date of birth (Year-Month-Day) _____

Municipality _____ Postal Code _____ Telephone (home) _____ Telephone (work) _____ Extension _____

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 NEW HEALTH PROBLEM 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 experience 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 health problems listed above and I have no 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

All personal information gathered by authorized Société de l'assurance automobile du Québec (SAAQ) personnel is handled confidentially. The SAAQ requires this information to apply the laws it is responsible for administering, in particular the *Highway Safety Code*, the *Automobile Insurance Act* and the *Act respecting remunerated passenger transportation by automobile*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, this information may be conveyed to the SAAQ's licensing agents and other Government departments or agencies, or 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 or contact the SAAQ's call centre.