

**Fee Code K035**

Mandatory report by a prescribed person in compliance with subsection 203 (1) of the *Highway Traffic Act*, or Discretionary report in relation to subsection 203 (2) of the *Highway Traffic Act*. For guidance on reporting requirements see [Regulation 340/94](#) or [Interpretive Guide – Form 5108E\\_Guide](#).

## Medical Condition Report Form – 2 Pages

Complete electronically, print, sign and fax both pages.

**To:** Driver Medical Review Office 416-235-3400 or 1-800-304-7889

**From:** \_\_\_\_\_

**Or Mail to:** Ministry of Transportation – Driver Medical Review Office  
 77 Wellesley St W, Box 589  
 Toronto ON M7A 1N3  
 Telephone: 416-235-1773 or 1-800-268-1481

Please complete in full. Fields marked with an asterisk (\*) are mandatory.

### Part 1. Patient Information

Last Name *		First Name *		Middle Initial
Date of Birth (yyyy/mm/dd)*	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female		Driver's Licence Number (if available)	

#### Current Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town/Village *		Province *	Postal Code

### Part 2. Practitioner's Information

Practitioner's Last Name *		Practitioner's First Name *	
Licence Number *		Telephone Number ext.	

#### Practitioner's Address

Unit Number	Street Number *	Street Name *
City/Town/Village *		Province *
		Postal Code

I am this person's:

- Family/Treating Physician   
  ER Physician   
  Nurse Practitioner   
  Occupational Therapist  
 Urgent Care/Walk In Clinic Physician   
  Other (specify) \_\_\_\_\_

Patient is aware of this report .....  Yes  No

I approve of the ministry releasing this report to the patient or their legal representative if requested .....  Yes  No

I wish to be notified if my patient requests a copy of this report from the ministry, as releasing this report may threaten the health or safety of the patient or another individual .....  Yes  No

Practitioner's Signature \_\_\_\_\_ Date of Report Examination (yyyy/mm/dd) \*

## Patient Information

Last Name	First Name	Middle Initial	Date of Birth (yyyy/mm/dd)
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## Part 3. Medical Condition or Impairment (Check all that apply)

### Cognitive Impairment

A disorder resulting in cognitive impairment that affects attention, judgement and problem solving, planning and sequencing, memory, insight, reaction time or visuospatial perception, and results in substantial limitation of the person's ability to perform activities of daily living. **Due to:**

Dementia     Brain Injury / Tumour     Unknown     Other (specify) \_\_\_\_\_

### Sudden Incapacitation

A disorder that has a moderate or high risk of sudden incapacitation, or that has resulted in sudden incapacitation and that has a moderate or high risk of recurrence. **Due to:**

#### Seizure

Alcohol/Drug Withdrawal  
 Epilepsy  
 Stroke  
 Other (specify) \_\_\_\_\_

#### Syncope

Single episode not yet diagnosed  
 Recurrent episodes  
 Heart disease with pre-syncope/syncope/arrhythmia

### CVA resulting in (check all that apply)

Physical Impairment  
 Cognitive Impairment  
 Visual Field Impairment

#### Other

Narcolepsy with uncontrolled cataplexy or daytime sleep attacks  
 Obstructive sleep apnea – Untreated or Unsuccessfully Treated with Apnea-hypopnea index (AHI) of greater than or equal to 30 with daytime sleepiness  
 Hypoglycaemia requiring intervention of third party or producing loss of consciousness  
 Uncontrolled diabetes or hypoglycaemia  
 Other (specify) \_\_\_\_\_

### Motor or Sensory Impairment

A condition or disorder resulting in severe motor impairment that affects: coordination, muscle strength and control, flexibility, motor planning, touch or positional sense. **Due to:**

Neurological Disease (specify) \_\_\_\_\_     Spinal Cord Injury     Loss of Limb  
 Other (specify) \_\_\_\_\_

### Visual Impairment

Best corrected visual acuity below 20/50 with both eyes open and examined together  
 Visual field less than 120 continuous degrees along the horizontal meridian, or less than 15 continuous degrees above and below fixation, or less than 60 degrees to either side of the vertical meridian, including hemianopia.  
 Diplopia within 40 degrees of fixation point (in all directions) of primary position, that cannot be corrected using prism lenses or patching.

### Substance Use Disorder

A diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and patient is non-compliant with treatment recommendations.

Alcohol     Other Substances (specify) \_\_\_\_\_

### Psychiatric Illness

A condition or disorder currently involving any of the following: acute psychosis, severe abnormalities of perception, or patient has a suicidal plan involving a vehicle or an intent to use a vehicle to harm others.

**Due to:** \_\_\_\_\_

## Part 4. Discretionary Report of Medical Condition or Impairment

Please describe condition(s) or impairment