



REPORT OF A CONDITION AFFECTING FITNESS AND ABILITY TO DRIVE

TO: OFFICE OF THE SUPERINTENDENT OF MOTOR VEHICLES PO BOX 9254, STN PROV GOVT VICTORIA BC V8W 9J2

FAX #: (250) 952-6888

RE: PATIENT'S NAME: ADDRESS: CITY: POSTAL CODE: DATE OF BIRTH: DRIVER'S LICENCE NUMBER:

THIS PATIENT: 1. Has a medical condition which in my opinion makes it dangerous to the patient or to the public for the patient to drive a motor vehicle. 2. Continues to drive a motor vehicle after being warned of the danger.

CONDITION(S): Please describe fully the details of the condition and/or rationale to cancel this patient's Driver's Licence

[Blank lines for condition details]

RECOMMENDATION(S):

- Cancel Driver's Licence
Road Test to Assess
Driver's Medical Examination
Specialist Consult type:
Vision Testing
Restrictions - reason and type:
Other:

Name of person reporting: (please print) Phone #:

Professional Qualifications: Psychologist Nurse Practitioner Optometrist Physician Reg. #:

Date: Signature:

BC MOTOR VEHICLE ACT (Section 230)

- (1) This section applies to every legally qualified and registered psychologist, optometrist, medical practitioner or nurse practitioner who has a patient 16 years of age or older who (a) in the opinion of the psychologist, optometrist, medical practitioner or nurse practitioner has a medical condition that makes it dangerous to the patient or to the public for the patient to drive a motor vehicle, and (b) continues to drive a motor vehicle after being warned of the danger by the psychologist, optometrist, medical practitioner, or nurse practitioner. (2) Every psychologist, optometrist, medical practitioner, or nurse practitioner referred to in subsection (1) must report to the Superintendent the name, address, and medical condition of a patient referred to in subsection (1). (3) No action for damages lies or may be brought against a psychologist, an optometrist, a medical practitioner or a nurse practitioner for making a report under this section, unless the psychologist, optometrist, medical practitioner, or nurse practitioner made the report falsely and maliciously.

The personal information on this form is collected under the authority of the BC Motor Vehicle Act (RSBC 1996, c.318, s.29) and the BC Freedom of Information and Protection of Privacy Act (RSBC 1996 c.165, s.26(b), & s.27(1)(c). The information provided on this form will be used to assist in the determination of the fitness of the above-named driver to safely drive a motor vehicle. If you have any questions about the collection, use, or disclosure of the information collected on this form, contact the Office of the Superintendent of Motor Vehicles toll-free at 1-855-387-7747.