



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
FACSIMILE #: (250) 952-6888

RE: PATIENT'S NAME:
ADDRESS:
POSTAL CODE:

DATE OF BIRTH: (YYYY/MM/DD) DRIVER'S LICENCE NUMBER: (if available)

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 the Driver's Licence

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 optometrist physician Reg.#

Date: Signature:

MOTOR VEHICLE ACT

- 230. (1) This section applies to every legally qualified and registered psychologist, optometrist and medical practitioner who has a patient 16 years of age or older who
a) in the opinion of the psychologist, optometrist or the medical 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 or the medical practitioner.
(2) Every psychologist, optometrist and medical 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 or a medical practitioner for making a report under this section, unless the psychologist, optometrist or medical practitioner made the report falsely and maliciously.