





Section 203 of the Highway Traffic Act requires that all legally qualified medical practitioners must report to the Registrar of Motor Vehicles the name, address and clinical condition of any patient sixteen years of age or older who, "is suffering from a medical condition that may make it dangerous for the person to operate a motor vehicle". To simplify the reporting process, the Ministry of Transportation has created this form.

Mail or fax to: Ministry of Transportation, Driver Improvement Office, Medical Review Section, 77 Wellesley St. W. Box 589, Toronto ON M7A 1N3. Tel. No.: 416 235-1773 or 1 800 268-1481. Fax No.: 416 235-3400 or 1 800 304-7889.

Patient Information	F'	NA1-1-11 1-101-1	5 01 11 0 1
Last Name	First Name	Middle initial	Fee Schedule Code K 0 3 5
Street No. and Name or Lot and Conc, and Township  App. No.			
Office two, and reame of Lot and Corne, and Township			Др. 140.
City, Town or Village			Postal code
Date of Birth Driver Licence No.(if available)			
Male	Female		
For your convenience, the following is a list of the more common medical conditions that are reported to MTO, to be marked with an "X". If the condition you are reporting is not listed, please indicate it in the section marked "Other".			
☐ Alcohol Dependence		Visual Field Impairment	
☐ Drug Dependence		Diabetes or Hypoglycemia - Uncontr	olled
Seizure(s)-Cerebral		Other metabolic diseases (specify)	
Seizure(s)-Alcohol related		Mental or Emotional Illness-Unstable	)
☐ Heart disease with Pre-syncope/Syncope/Arrhyth	mia 🔲	Dementia or Alzheimer's	
☐ Blackout or Loss of consciousness or Awareness		Sleep Apnea-Uncontrolled	
☐ Stroke/TIA or head injury with significant deficits		Narcolepsy-Uncontrolled	
☐ Both Visual Acuity and Visual Field Impairment		Motor Function/Ability Impaired	
☐ Visual Acuity Impairment		Other (specify):	
To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report: Diagnosis; Other Relevant Clinical Information (i.e current status - including results of investigations, medication(s), treatment and prognosis); and whether or not the condition is a serious risk to road safety, threat to road safety is unknown or condition is temporary - weeks/months.			
Date of examination upon which this report is based: How long has this person been your patient?			
Patient is aware of this report.			
I wish to be notified if my patient requests a copy of this report, as releasing this report pursuant to a request under the <i>Freedom of Information Act</i> may threaten the health or safety of the patient or another individual.			
Physician's Last Name, First Name and Middle Initial			
Street No. and Name or Lot and Conc, and Township Apt. No.			
City, Town or Village Postal code Telephone. No.			
Family Physician Emergency Room Physician Specialist Other Other			
Doctor's Signature		Date of Report	Y 4   M   D/J

**Medical Condition Report** 

# Requirement to Report Patients

Section 203 of the Highway Traffic Act states:

- (1) Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon a medical practitioner for medical services, who, in the opinion of such medical practitioner is suffering from a condition that may make it dangerous for such person to operate a motor vehicle.
- (2) No action shall be brought against a qualified medical practitioner for complying with this section.
- (3) The report referred to in subsection (1) is privileged for the information of the Registrar only and shall not be open for public inspection, and such report is inadmissible in evidence for any purpose in any trial except to prove compliance with subsection (1). R.S.O. 1980, c. 198, s. 203.

## How to Complete the Form

You are required by law to provide the patient's name, address and the clinical condition, however, by including the patient's sex and date of birth, we can accurately identify the individual. We suggest you keep a copy for your records. If you send by fax, please do not mail the original. To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report: Diagnosis; Other Relevant Clinical Information (i.e current status - including results of investigations, medication(s), treatment and prognosis); and whether or not the condition is a serious risk to road safety, threat to road safety is unknown or condition is temporary - weeks/months.

## What Conditions to Report

The Canadian Medical Association publishes the "Physician's Guide to Driver Examination" to assist physicians in determining which conditions may make it dangerous to drive safely. The guide is available from the Canadian Medical Association.

# **How the Ministry Determines Licence Status**

The ministry considers the details of the individual's clinical condition reported by the attending physician, using guidelines established by the Canadian Medical Association, and advice from the Ministry's Medical Advisory Committee, whose members are experts in the fields of neurology, cardiology, psychiatry, endocrinology, ophthalmology, internal medicine, substance abuse, geriatric medicine and physiatry.

The ministry relies on information provided on this form to help identify individuals who are at significant risk so that immediate action to suspend the licence of any individual reported to have a chronic or deteriorating condition that is likely to impair judgement or psychomotor skills or to be experiencing recurring or unexplained episodes of loss of consciousness.

If an individual is reported to have a clinical condition that is well controlled and the individual is under physician care, the ministry generally does not suspend the licence. Where stability may be questionable, the ministry may request follow-up medical information to confirm stability or request the individual undergo a driving examination or other appropriate assessments.

### Patient's Right to Access This Report

The Freedom of Information and Protection of Privacy Act requires the ministry to provide your patient with a copy of this report if requested. It may be withheld only if there is evidence that its release would threaten the health or safety of yourself, the patient or another individual. If you are concerned that the release of this report would threaten someone's health or safety, make sure you notify the ministry by checking the appropriate box on the front of this form or by calling the ministry at 416 235-1773 or 1 800 268-1481.