



Driver Training Instructor Medical Evaluation

The personal information on this form is collected under s. 26 of the Freedom of Information and Protection of Privacy Act and Division 27.07(1)(e) of the Motor Vehicle Act Regulation for the purpose of determining the medical fitness of the person being issued a B.C. driver training instructor's licence. Questions regarding the collection of this information may be directed to ICBC Driver Training Industry Support at PO Box 3750, Victoria BC, V8W 3Y5. Phone toll-free in BC: 1-866-339-0363; or 250-978-8370.

SURNAME		GIVEN NAMES		DATE
ADDRESS				
DRIVER'S LICENCE #	DATE OF BIRTH (DDMMYYYY)	LICENCE RESTRICTIONS	CLASS OF INSTRUCTOR'S LICENCE <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5/7 <input type="checkbox"/> Class 6/8	

A. Health history (See reverse for instructions and reference to appropriate BC specific medical guidelines)

Vision <input type="checkbox"/> Acuity loss <input type="checkbox"/> Field(s) defect <input type="checkbox"/> Eye disease <input type="checkbox"/> Other _____	Cardiovascular Disease <input type="checkbox"/> Syncope: Date _____ Syncope Cause _____ <input type="checkbox"/> CAD (M.I. angioplasty, CABG) Date _____ <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Pacemaker <input type="checkbox"/> Implanted defibrillator: Date _____ <input type="checkbox"/> Congestive heart failure NYHA functional class _____ <input type="checkbox"/> Aneurysm: Site _____ Size _____ <input type="checkbox"/> Peripheral vascular <input type="checkbox"/> Other _____	CNS <input type="checkbox"/> CVA/TIA Date _____ <input type="checkbox"/> Seizure disorder: <input type="checkbox"/> Provoked <input type="checkbox"/> Epilepsy Date of last seizure _____ <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Congenital condition (Cerebral Palsy, etc.) <input type="checkbox"/> Progressive deficit (Parkinson's, MS, ALS etc.) <input type="checkbox"/> Stable deficit (Paraplegia, etc.) <input type="checkbox"/> Cognitive impairment: MMSE/MOCA Score _____ <input type="checkbox"/> Significant head injury <input type="checkbox"/> Other _____	Respiratory Disease <input type="checkbox"/> Oxygen required while driving <input type="checkbox"/> Sleep apnea <input type="checkbox"/> CPAP compliant <input type="checkbox"/> Epworth Score _____ <input type="checkbox"/> Other _____
Hearing <input type="checkbox"/> Hearing loss <input type="checkbox"/> Vertigo <input type="checkbox"/> Other _____	Psychiatric Disease <input type="checkbox"/> Psychosis <input type="checkbox"/> Severe depression <input type="checkbox"/> Impaired judgement, insight <input type="checkbox"/> Medication non-compliance <input type="checkbox"/> Stable condition <input type="checkbox"/> Other _____	Drugs and Alcohol <input type="checkbox"/> Alcohol & drug abuse in the past 2 years <input type="checkbox"/> Addiction rehab taken _____ refused _____ <input type="checkbox"/> Alcohol related seizure <input type="checkbox"/> Prescription drugs that could impair: <input type="checkbox"/> Psychoactive drugs <input type="checkbox"/> Narcotics <input type="checkbox"/> Other _____	Endocrine Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Taking insulin Yes _____ No _____ <input type="checkbox"/> Significant Hypoglycemia Date _____ <input type="checkbox"/> Hypoglycemia unawareness Date _____ <input type="checkbox"/> Stable BG Control <input type="checkbox"/> Compliant w/Treatment <input type="checkbox"/> Other _____
Musculoskeletal Disease <input type="checkbox"/> Amputation <input type="checkbox"/> Weakness <input type="checkbox"/> Range of motion loss <input type="checkbox"/> Other _____			If diabetic , results of hemoglobin A1c (HbA1c) test (completed within past 90 days) is required _____
			Other conditions which may affect driving or driving instruction <input type="checkbox"/> General debility/functional decline <input type="checkbox"/> Other _____

B. Physical examination (May include an EVF/VFT done within one year, if available)

1. Visual acuity <input type="checkbox"/> Uncorrected R. _____ L. _____ Both _____ <input type="checkbox"/> Corrected R. _____ L. _____ Both _____	2. Visual fields <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Both visual acuity and visual field meet Physician's Guide criteria for licence class <input type="checkbox"/> Yes	Blood pressure _____
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C. Details of conditions that affect or may affect driving (May include relevant specialists' reports or lab results)

Please attach all relevant consultation reports.

D. Recommendation of examining physician or nurse practitioner

Having reviewed the applicant's medical history, performed the necessary physical examination and referencing the medical guidelines as necessary, can you confirm that the applicant is medically suitable to provide driver training instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No — What further examinations(s) or referral(s) would you recommend? _____	PHYSICIAN or NURSE PRACTITIONER'S NAME AND OFFICE ADDRESS _____ _____
PHYSICIAN OR NURSE PRACTITIONER SIGNATURE _____	DATE _____

E. Applicant's certification and consent for release of information

- I certify that the information I have given to the Physician or Nurse Practitioner completing this form is, to the best of my knowledge, true and complete.
- I understand that inaccurate, misleading, missing, or false information may lead to denial of this application to ICBC as a driver training instructor or cancellation of an existing ICBC-issued driver training instructor's licence.
- I understand that ICBC may refrain from issuing a driver training instructor's licence based on the recommendations in this medical evaluation.
- I authorize the release of this information and all reports from medical specialists pertaining to diseases, disabilities, and conditions that may affect driving described in this application to ICBC.
- I understand that in the event that ICBC cannot approve the issuance of a driver training instructor licence as a result of the recommendations made by the examining Physician or Nurse Practitioner in this medical evaluation, and/or if the results of this medical evaluation indicate that the person named may also pose a road safety risk by holding the existing class of B.C. driver's licence, ICBC may also provide an unsolicited medical report to RoadSafetyBC.

APPLICANT'S SIGNATURE _____

DATE _____

EXAMINING PHYSICIAN OR NURSE PRACTITIONER INSTRUCTIONS

The person named has been requested to have this form completed in order to apply for, or continue to hold, an ICBC driver training Instructor's licence. Where the person's medical condition may deteriorate, re-occur or result in a relapse, ICBC may require additional medical information, or may require the person to provide more frequent medical examination and information updates.

Please complete the necessary clinical examination and *directly* forward the completed form, and all supporting medical reports to:

ICBC DRIVER TRAINING INDUSTRY SUPPORT, ICBC, PO BOX 3750, VICTORIA, BC V8W 3Y5 | Fax: 250-978-8032

IMPORTANT:

This medical evaluation must be completed in its entirety by a Physician or Nurse Practitioner who is licenced to practice in the Province of BC. Medical evaluation forms completed by a Physician or Nurse Practitioner practicing outside of B.C. will not be accepted by ICBC.

The fee charged by the examining Physician or Nurse Practitioner for completing this form is NOT covered by the Medical Services Plan of British Columbia or ICBC and is the responsibility of the applicant for the driver training instructor licence.

The 2016 CCMTA Medical Standards for Drivers with BC Specific Guidelines is the decision guiding tool used by RoadSafetyBC (formerly the Office of the Superintendent of Motor Vehicles) in determining driver licence status, and is available as a reference for medical practitioners when they are assessing driver fitness for RoadSafetyBC and ICBC. The *Canadian Medical Association (CMA) Drivers Guide* continues to be a clinical reference for medical practitioners when they are counselling patients regarding driving.

DRIVER LICENCE CLASSIFICATIONS

CLASS	PERMITS OPERATION OF	MINIMUM AGE
5/7	<ul style="list-style-type: none"> A construction vehicle A two-axle vehicle with towed vehicles (if the towed vehicle(s) does not weight more than 4,600 kilograms NOTE: You may operate a school bus with a Class 5 or class 7 licence if the bus is a passenger vehicle and has a seating capacity of not more than 10 persons, including the driver. (Refer to the Motor Vehicle Act Regulations 11.01.) 	16 years
6/8	<ul style="list-style-type: none"> Motorcycles All-terrain cycles All-terrain vehicles (ATVs) 	16 years
4 (Restricted)	<ul style="list-style-type: none"> Any motor vehicle or combination of vehicles in Class 5 A taxi and limousine An ambulance Any small bus that seats a maximum of 25 persons, including the driver – includes a bus used to transport people with disabilities, a school bus, a special activity bus or a different type of special vehicle 	19 years
3	<ul style="list-style-type: none"> Any motor vehicle or combination of vehicles in Class 5 Any motor vehicle with three or more axles, including dump trucks and large tow trucks, but not including a bus that is being used to transport passengers A tow car and the vehicle it is towing A mobile truck crane A combination of vehicles with air brakes where the towed vehicle(s) does not exceed 4,600 kilograms A combination of vehicles without air brakes where the towed vehicle(s) exceed 4,600 kilograms 	18 years
2	<ul style="list-style-type: none"> Any motor vehicle or combination of vehicles in Class 4 All buses including school buses, special activity buses and special vehicles A combination of vehicles without air brakes where the towed vehicles exceed 4,600 kilograms 	19 years
1	<ul style="list-style-type: none"> Any motor vehicle or combination of vehicles except motorcycles 	19 years

RESTRICTION / ENDORSEMENT DEFINITIONS

11	QUALIFIED SUPERVISOR REQUIRED	23	HEARING AID REQUIRED FOR CLASS 1, 2, 3, 4 OR FOR 18/19
12	RESTRICTED TO DAYLIGHT HOURS ONLY	24	CLASS 6 OR 8 RESTRICTED TO MOTOR SCOOTERS
13	CLASS 6 OR 8 NOT PERMITTED TO CARRY PASSENGERS	25	FITTED PROSTHESIS / LEG BRACE REQUIRED
14	NO HWY 99 S OF VAN OR HWY 1 E OF VAN OR W OF HWY 9	26	SPECIFIED VEHICLE MODIFICATIONS REQUIRED
15	PERMITTED TO OPERATE VEHICLES WITH AIR BRAKES	28	RESTRICTED TO AUTOMATIC TRANSMISSION
16	NOT PERMITTED TO OPERATE CLASS 2 OR 4	35	NOT PERMITTED TO EXCEED 60 KM/H
17	NOT PERMITTED TO OPERATE BUSES	36	NOT PERMITTED TO EXCEED 80 KM/H
18	PERMITTED TO OPERATE SINGLE TRUCKS WITH AIR BRAKES ON INDUSTRIAL ROADS	37	NOT PERMITTED TO TRANSPORT DANGEROUS GOODS
19	PERMITTED TO OPERATE TRUCK TRAILER WITH AIR BRAKES ON INDUSTRIAL ROADS	42	QUALIFIED SUPERVISOR REQUIRED, ONE PASSENGER ONLY
20	PERMITTED TO OPERATE TRUCK TRAILER OF ANY GVW WITHOUT AIR BRAKES	43	RESTRICTED TO 5:00AM TO MIDNIGHT ONLY
21	CORRECTIVE LENSES REQUIRED	44	NO OPERATION OF MOTOR VEHICLE WITH ALCOHOL IN BODY, MUST CLEARLY DISPLAY OFFICIAL NEW DRIVER SIGN
22	*W* COMMERCIAL CLASS NOT QUALIFIED IN USA		