

Special Medical Examination For Motor Vehicle Operators

The purpose of this form is to provide Alberta Transportation with additional medical information not stated on the standard medical form, "Medical Examination for Motor Vehicle Operators".

Please return the completed form to:

Manager, Driver Records
Alberta Transportation
4999 - 98 Avenue
Edmonton AB T6B 2X3

Name of Applicant <i>(Last, First, Second)</i>	Date of Birth <i>(year / month / day)</i>
Address <i>Apartment</i>	Class of Operator's Licence
<i>City / Town</i> <i>Province</i> <i>Postal Code</i>	Operator's Licence Number

Initiated by the Examining Doctor.

Initiated by Driver Records.

In order to complete our evaluation we require more information regarding:

Applicant's Certificate and Waiver

I certify that the information given in this report is true to the best of my knowledge. I authorize release of this information, as well as additional medical information an examining physician may wish to submit for confidential use of Driver Records, Alberta Transportation.

Signature of Applicant

Date

Report of Examining Doctor *(If more space is required, please use the back of this form)*

I, _____, a duly qualified medical practitioner, certify that I made careful examination of the above named applicant and find the following:

Signature of Examining Doctor

Date of Examination