Société de l'assurance automobile
Québec

5 Vision examination report by an ophthalmologist or an optometrist – Driver's licence

Fees that may be charged for completing this report must be paid by the examinee and do not qualify for reimbursement by the Société.

Send this form back to:
Société de l'assurance automobile du Québec
Service de l'évaluation médicale
C.P. 19500, Québec (Québec) G1K 8J5

Last name

First name

Address (Number, street, apartment) Municipality Postal code

Date of birth Driver's licence number Telephone (home) Area code Telephone (work) Area code

PERSON UNDERGOING THE EXAMINATION

- Read and sign the authorization below.
- Please read the statement regarding protection of personal information at the bottom of page 2.

I, the undersigned, hereby authorize the Société de l'assurance automobile du Québec to discuss, when necessary, medical information concerning me with the health care professional who signs this form. I understand that a summary of all communications will be kept on file.

Signature of the person undergoing the examination: ______________________ Date:

Under sections 2840 and 2841 of the Civil Code of Québec, a photocopy or computer reproduction of this authorization carries the same value as the original.

HEALTH CARE PROFESSIONAL (Please read the general information and give special attention to the message below)

The examination must take into account prior and current ailments that may affect the individual's ability to drive. Discuss any positive response under "Comments" in section 6.

1 VISUAL ACUITY (According to Snellen Chart) excluding correction with telescopic lenses

Note: Visual acuity with both eyes open is essential.

Without correction or with intraocular lenses	With current correction by glasses or contact lenses	Dioptric strength of lenses worn for driving
Both eyes 6/	Both eyes 6/	
Right eye 6/	Right eye 6/	Right eye
Left eye 6/	Left eye 6/	Left eye

If correction: ☐ Glasses ☐ Contact lenses ☐ Intraocular lenses

	Yes	No
Do you recommend that your patient wear corrective lenses for driving?	☐	☐
Do you recommend that your patient avoid driving after dusk?	☐	☐

2 VISUAL FIELDS

Note: The visual field test must be taken with lenses worn for driving.

- Does the patient have a visual field anomaly? ☐ Yes ☐ No
- In the case of a visual field anomaly or refraction above 10 diopters, a copy of visual field test charts signed by the examiner according to GOLDMANN III/3 with scotoma search or according to the Esterman (Humphrey) protocol is required.

3 OCULAR MOTILITY

- Is there any ocular motility anomaly (strabismus, paralysis)? ☐ Yes ☐ No

  If yes, describe: ______________________

- Does the patient suffer from diplopia in the primary position? ☐ Yes ☐ No **If yes, how is it corrected?** ☐ Prism ☐ Occlusion

Please indicate below the name, birthdate and driver's licence number (if known) of the person undergoing the medical examination.

Last name

First name

Date of birth

Driver's licence number

4 COLOUR VISION

Is there any colour vision deficiency for red, green and yellow? ☐ Yes ☐ No

5 DIAGNOSIS

Relevant details (please check)

☐ Cataract ☐ Macular degeneration ☐ Glaucoma ☐ Background diabetic retinopathy ☐ Proliferative diabetic retinopathy ☐ Strabismus

☐ Panretinal photocoagulation ▶ Date:

☐ Laser refractive surgery ▶ Date:

☐ Other diagnosis, specify: ________________

6 COMMENTS

Date and nature of surgery, treatment, etc.

Date:

The main cause for visual deficiency is: ☐ Congenital ☐ Acquired

The visual condition is: ☐ Stable ☐ Changing Specify: ________________

EXAMINER'S IDENTIFICATION

Name and address (in block letters)

Signature

Professional licence number

Date of examination

Date of report

(Area code) Telephone - Office

☐ Ophthalmologist ☐ Optometrist

Fax

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records.

For more information, contact the Société's call centres or consult the Policy on Privacy on the Société Web site at: www.saaq.gouv.qc.ca.