Medical Condition Report

Ontario

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: Registrar of Motor Vehicles, Medical Review Section, Ministry of Transportation, 2680 Keele Street, Downsview, ON M3M 3E6. Tel. No.: 416-235-1773 or 1-800-268-1481. Fax No.: 416-235-3400 or 1-800-304-7889.

Patient Information

Last Name | First Name | Middle Initial | Fee Schedule Code: K035

Street No. and Name or Lot, Con. and Twp. | Apt. No.

City, Town or Village | Postal Code

Date of Birth (Y M D) | Male | Female | Driver's Licence No. (if available)

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
- ☐ Drug Dependence
- ☐ Seizure(s)-Cerebral
- ☐ Seizure(s)-Alcohol related
- ☐ Heart disease with Pre-syncope/Syncope/Arrhythmia
- ☐ Blackout or Loss of consciousness or Awareness
- ☐ Stroke/TIA or head injury with significant deficits
- ☐ Both Visual Acuity and Visual Field Impairment
- ☐ Visual Acuity Impairment
- ☐ Visual Field Impairment
- ☐ Diabetes or Hypoglycemia or other metabolic diseases-Uncontrolled
- ☐ Mental or Emotional Illness-Unstable
- ☐ Dementia or Alzheimer's
- ☐ Sleep Apnea-Uncontrolled
- ☐ Narcolepsy-Uncontrolled
- ☐ Motor Function/Ability Impaired
- ☐ Other (specify): ____________________

Optional

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.

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Date of examination upon which this report is based: (Y M D) 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 Freedom of Information Act may threaten the health or safety of the patient or another individual.

For MTO Use Only
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Physician's Last Name, First Name and Middle Initial

Street No. and Name or Lot, Conc. and Township | Apt. No.

City, Town or Village | Postal Code | Telephone. No.

☐ Family Physician ☐ Emergency Room Physician ☐ Specialist ________ (Specialty) ☐ Other ________

Doctor's Signature ____________________ **Date of Report** (Y M D)