Alberta Government

Special Medical Examination for Motor Vehicle Operators

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This information is being collected for the purposes of motor vehicle records In accordance with the Traffic Safety Act, administered by Alberta Transportation. Questions about the collection of this information can be directed to Alberta Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999 - 98 Avenue, Edmonton, Alberta T6B 2X3, 780-427-8230.

The purpose of this form is for the physician to provide Alberta Transportation with additional medical information not stated on the standard medical form, "Medical Examination for Motor Vehicle Operators" (TRANS3050).

Please return the completed form to:
Alberta Transportation
Driver Fitness and Monitoring
Main Floor, Twin Atria Building
4999 - 98 Avenue
Edmonton AB T6B 2X3
Fax: 780-422-6612

Name of Applicant *(Last, First, Second)*			Date of Birth *(yyyy-mm-dd)*
Address			Class of Operator's Licence
City / Town	Province	Postal Code	Operator's Licence Number

☐ Initiated by the Examining Doctor.

☐ Initiated by Driver Fitness and Monitoring.

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 Alberta Transportation, Driver Fitness and Monitoring.

_____ Date

_____ Signature of Applicant

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:

_____

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For DFM use only

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_____ Date of Examination

_____ Signature of Examining Doctor

TRANS3193 (2014/11)