

Medical Reporting Form



Medical Review Unit
3rd Floor, 2260 - 11th Avenue
Regina, SK S4P 0J9

Phone: 1-800-667-8015 Ext. 6176
Fax: Toll Free: 1-866-274-4417
e-mail: mruinquiries@sgi.sk.ca

Please complete this form and forward to SGI by mail, fax or email - see above.

Section 283 of the Traffic Safety Act requires that any duly qualified medical practitioner shall report to SGI the name, address and clinical condition of every person who, "in the opinion of the medical practitioner, is suffering from a condition that will make a dangerous for that person to operate a vehicle" . To simplify the reporting process, SGI has created this form.

PATIENT INFORMATION:

Last Name	First Name	Middle Initial	Date of Birth		
			DD	MM	YYYY
Street Number & Name or P.O. Box Number		Town/City	Postal Code		

This patient's medical fitness to drive should be assessed due to the following medical condition(s). Please give a brief description of the medical condition and date of occurrence if applicable:

Has patient been referred for further assessment? Yes No

If yes, type: _____

Please Indicate:

Physician Optometrist NP OT

Name: _____ Signature: _____

Phone Number: _____ Fax Number: _____ Email: _____

Date: _____ Date of Exam: _____
DD MM YYYY DD MM YYYY

May the Medical Review Unit inform the driver that you have provided this information? Yes No
(Please note: if confidentiality is not indicated, the information will be released to the driver).