



# 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. Question 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 medical practitioner 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**  
Alberta Transportation  
Driver Fitness and Monitoring  
Main Floor, Twin Atria Building  
4999 - 98 Avenue  
Edmonton AB T6B 2X3  
Fax: 780-422-6612  
Email: [driver.fitness@gov.ab.ca](mailto:driver.fitness@gov.ab.ca)

Applicant Last Name	First Name	Middle Name	Date of Birth yyyy-mm-dd
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			Class of Operator's Licence
<input type="text"/>			<input type="text"/>
City or Town	Province/Territory	Postal Code	Operator's Licence Number
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>

- Initiated by the Examining Doctor or Nurse Practitioner.
- 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 or nurse practitioner may wish to submit for confidential use of Alberta Transportation, Driver Fitness and Monitoring.

\_\_\_\_\_  
Date yyyy-mm-dd

\_\_\_\_\_  
Signature of Applicant

### Report of Examining Doctor or Nurse Practitioner

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



TRANS3193 Rev. 2020-08

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