

Neurology Report Form

Your Details

Name

Driver's
Licence #

To be completed by your Physician/Nurse Practitioner:

1. Epilepsy? Yes No
 Date of first seizure: _____ Date of last seizure: _____
 Alcohol-related seizure? Yes No
 Drug-related seizure? Yes No
 Medication type and dosage: _____ Date medication stopped: _____
 (if applicable)

2. Was the last seizure due to stopping or changing of prescribed medication? Yes No

3. Does the patient follow treatment and declare seizures? Yes No

4. Provide an E.E.G. report and results: _____

5. Description of nature, cause and circumstances of seizures, with dates and effects of other substances:

6. Abstinence form the seizure causing substance since: _____

7. Other current or past neurological disorder? Yes No
 If yes, please provide diagnosis, treatment and relevant dates: _____

8. Does this condition and/or its subsequent treatment impact the patient's ability to operate a motor vehicle? Yes No

Name and address of Physician/Nurse Practitioner:

Signature _____ Telephone (office) _____

Date of Examination _____

Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Driver's Licence. Section 6 allows Motor Registration Division to disclose an applicant's personal information to other health professionals for the purpose of medical assessments related to driving requirements. Questions can be directed to the Medical Section at (709) 729-0345 or 1-877-636-6867.

Driver's Signature authorizing release of information and certifying it as correct.

Driver's Signature _____