



MANDATORY

FORM 11.1

## MEDICAL DECLARATION

Under an agreement between Canada and the United States in 2008, medical examinations will become more frequent for any person who wants to drive a vehicle in the United States requiring a class 1, 2, 3 or 4B driver's licence.

- When applying for a class 1, 2, 3, 4B licence;
- Every five years until age 45;
- Every three years between age 45 and 65;
- Every year thereafter.

Also, on March 30, 1999 *United States Federal Motor Carrier Safety Regulation* medical requirements for Canadian drivers of commercial motor vehicles operating in the United States were revised. I acknowledge there is no requirement for a completed United States medical fitness report. This revision does require that a Canadian driver must comply to medical requirements of the province in which their commercial drivers license is issued and that a medical fitness report is completed on the frequency as required by license issuing province.

I, \_\_\_\_\_, certify, that I am not impaired to operate a commercial motor vehicle under the new revised medical requirements in the United States by any of the following :

- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no impaired hearing, first perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to *American National Standard (formerly ASA Standard) Z24.5-1951*.
- D. I did not obtain a class 1, 2, 3 or 4B licence under the discretionary power of the *Société de l'assurance automobile du Québec* as per Quebec's highway safety code's paragraphs 83.1 and 191.1.
- E. No W indication shown on my driver's licence.

I also agree to inform the company should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial motor vehicle in the United States.

Driver name : \_\_\_\_\_

Witness : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

