## **Report on a Person's State of Health** — Driver's Licence

Avec vous, au cœur de votre sécurité

28	W.

Telephone (home)	Return the form to: Service of Persuation medicale to savi de comportement to service of Persuation medicale to savi de comportement to service of Persuation medicale to savi de comportement to service of Persuation medicale to savi de comportement to service de l'assurance automobile du Duébec (d'aubec) GIK 8JS  The PERSON UNDERGOING THE EXAMINATION  read and sign the authorization at the bottom of page 4.  y authorize the Saciété de l'assurance automobile du Duébec to discuss, when necessary, medical information concerning me with the health care professional who has this form. I understand that a summary of all communications will be kept in my file.  Sections 2840 and 2841 of the Civil Code of Québec, a computer reproduction of this authorization carries the same value as the original.  The HEALTH CARE PROFESSIONAL  amination must take into account prior and current alliments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all that apply. Discuss any allments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report  SUAL DISORDERS  In the following sections, check the "NO" box if there are no health issues to report  SUAL DISORDERS  Presence of a hearing disorder that requires or would require the use of a hearing aid  sthe person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Wes \ No \ In the following the propriate box or boxes: \ With a hearing aid \ Without a hearing aid	name	Last name  First name			Service de l'évaluation médicale		
TO THE PERSON UNDERGOING THE EXAMINATION Please read and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 4. In the person undergoing the examination  TO THE PERSON UNDERGOING THE EXAMINATION Please read and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 4. In the protection of page 4 and 2941 of the Civil Code of Quebec, a computer reproduction of this authorization concerning ne with the health care professional who has signed this form. Understand that a summary of all communications will be kept in my file.	Societied expansion and support of the person undergoing the examination  In the following sections, check the "NO" box if there are no health issues to report  BEHEALTH CARE PROFESSIONAL  amination must take into account prior and current aliments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all to that apply. Discuss any aliments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report  SUAL DISORDERS  In the following sections (2840 and 2841 of the Chart Code of Outpet and current aliments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all to that apply. Discuss any aliments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report  SUAL DISORDERS  In the following sections, check the "NO" box if there are no health issues to report  SUAL DISORDERS  In the following sections, check the "NO" box if there are no health issues to report  SUAL DISORDERS  In the following sections of a hearing aid  Sillateral cataracts  hearing disorder that requires or would require the use of a hearing aid  Stepenson able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes  No If so, check the appropriate box or boxes: With a hearing aid  Without a hearing aid							
TO THE PERSON UNDERGOING THE EXAMINATION  Please read and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 4.  I hereby authorize the Société de l'assurance automobile du Québec to discuss, when necessary, medical information concerning me with the health care professional who has agned this form. I understand that a summary of all communications will be kept in my file.    Marches sections 2840 and 2841 of the Civil Code of Québec. a computer reproduction of this authorization carries the same value as the original.   Signature of the person undergoing the examination	HE PERSON UNDERGOING THE EXAMINATION  Iread and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 4.  Y authorize the Société de l'assurance automobile du Ouébec to discuss, when necessary, medical information concerning me with the health care professional who has this form. I understand that a summary of all communications will be kept in my file.  Sections 2840 and 2841 of the Civil Code of Québec, a computer reproduction of this authorization carries the same value as the original.  Ture of the person undergoing the examination  Date (view Morth Doy)  HE HEALTH CARE PROFESSIONAL  amination must take into account prior and current aliments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all that apply. Discuss any aliments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report SUAL DISORDERS  Builty based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/ Silateral cataracts	ess (street number, street name, apartment)	Extension	Société de l'assurance automobile du Québec Case postale 19500, succursale Terminus				
Please read and sign the authorization below and read the statement regarding the protection of personal information at the bottom of page 4.  Thereby authorize the Societé de l'assurance automobile du Québec to discuss, when necessary, medical information concerning me with the health care professional who has signed this form. Industrated that a summary of all communications will be kept in my file.  Under sections 2840 and 2841 of the Civil Code of Québec, a computer reproduction of this authorization carries the same value as the original.  Signature of the person undergoing the examination  To THE HEALTH CARE PROFESSIONAL  The examination must take into account prior and current aliments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all the boxes that apply. Discuss any aliments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report  VISUAL DISORDERS  // Issual acuty based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/  Bilateral cataracts	In the following sections, check the "NO" box if there are no health issues to report such spaces any allments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report such sacity based on the Snellen Chart:  Without correction: OU 6/ With correction: OU 6/ With correction: OU 6/ Slateral cataracts Pseudophakia AMD Glaucoma Retinopathy  Defect detected during confrontation visual field testing Diplopia within the central 40 degrees  Presence of a hearing disorder that requires or would require the use of a hearing aid streture are no hearing aid Without a hearing aid	icipality		Postal code	_			
TO THE HEALTH CARE PROFESSIONAL The examination must take into account prior and current aliments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all the boxes that apply. Discuss any aliments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report  VISUAL DISORDERS  Visual acuity based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/  Bilateral cataracts	HE HEALTH CARE PROFESSIONAL amination must take into account prior and current ailments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all to that apply. Discuss any ailments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report SUAL DISORDERS  acuity based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/ Bilateral cataracts Pseudophakia AMD Glaucoma Retinopathy  Defect detected during confrontation visual field testing Diplopia within the central 40 degrees  EARING DISORDERS  Presence of a hearing disorder that requires or would require the use of a hearing aid step person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid	ase read and sign the authorization below and read the stareby authorize the Société de l'assurance automobile du Québe led this form. I understand that a summary of all communication	atement regarding the protect ac to discuss, when necessary, r ns will be kept in my file.	medical information concerning me	with the health care professional who	) has		
TO THE HEALTH CARE PROFESSIONAL  The examination must take into account prior and current ailments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all the boxes that apply. Discuss any ailments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report  VISUAL DISORDERS  //sual acuity based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/  Bilateral cataracts	HE HEALTH CARE PROFESSIONAL amination must take into account prior and current ailments that may affect the individual's ability to drive. When reporting a health issue, be sure to check all to that apply. Discuss any ailments that are not mentioned below in section 13.  In the following sections, check the "NO" box if there are no health issues to report SUAL DISORDERS  acuity based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/ Bilateral cataracts Pseudophakia AMD Glaucoma Retinopathy  Defect detected during confrontation visual field testing Diplopia within the central 40 degrees  EARING DISORDERS  Presence of a hearing disorder that requires or would require the use of a hearing aid step person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid	nature of the person undergoing the examination		Date (Vear-Month-Day)	<u> </u>			
Bilateral cataracts   Pseudophakia   AMD   Glaucoma   Retinopathy	Acuity based on the Snellen Chart: Without correction: OU 6/ With correction: OU 6/ Bilateral cataracts		ne following sections, o	check the "NO" box if ther				
Bilateral cataracts	Bilateral cataracts	VIOUAL DIGUNDENG			e are no health issues to r			
HEARING DISORDERS  Presence of a hearing disorder that requires or would require the use of a hearing aid  Is the person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid  NEUROLOGICAL DISORDERS  Presence of a neurological disorder (If there are functional limitations related to the diagnosis, complete Section 10)  CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:	Presence of a hearing disorder that requires or would require the use of a hearing aid s the person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid	al acuity based on the Snellen Chart: Without co	rrection: OU 6/			eport -		
Presence of a hearing disorder that requires or would require the use of a hearing aid  Is the person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid  B NEUROLOGICAL DISORDERS  Presence of a neurological disorder (if there are functional limitations related to the diagnosis, complete Section 10)  CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:	Presence of a hearing disorder that requires or would require the use of a hearing aid s the person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid	Bilateral cataracts Pseudophakia	AMD Glaucoma	With correction: OU 6/ L		PROU		
Is the person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid  NEUROLOGICAL DISORDERS  Presence of a neurological disorder (if there are functional limitations related to the diagnosis, complete Section 10)  CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:	s the person able to understand a sentence uttered in a forced whisper at a distance of 1.5 metres?  Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid	Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing	AMD Glaucoma	With correction: OU 6/ L		PROOT TO NE SEC		
Yes No If so, check the appropriate box or boxes: With a hearing aid Without a hearing aid  NEUROLOGICAL DISORDERS  Presence of a neurological disorder (if there are functional limitations related to the diagnosis, complete Section 10)  CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:	Yes □ No ▶ If so, check the appropriate box or boxes: □ With a hearing aid □ Without a hearing aid	Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing	AMD Glaucoma	With correction: OU 6/ L		PROOF		
NEUROLOGICAL DISORDERS  Presence of a neurological disorder (if there are functional limitations related to the diagnosis, complete Section 10)  CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:		Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing HEARING DISORDERS	AMD Glaucoma  Diplopia with	With correction: OU 6/ La Retinopathy nin the central 40 degrees		PROOT TO NE SEC		
Presence of a neurological disorder (if there are functional limitations related to the diagnosis, complete Section 10)  CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:		Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing HEARING DISORDERS  Presence of a hearing disorder that requires or would	AMD Glaucoma  Diplopia with	With correction: OU 6/ La Retinopathy nin the central 40 degrees		PROOT TO NE SEC		
CVA Parkinson's MS Head trauma Brain tumour Other  Current symptoms:	:UROLOGICAL DISORDERS	Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing HEARING DISORDERS  Presence of a hearing disorder that requires or would is the person able to understand a sentence uttered in a feature of the confidence	AMD Glaucoma  Diplopia with  require the use of a hearing orced whisper at a distance of	With correction: OU 6/ La Retinopathy nin the central 40 degrees g aid f 1.5 metres?		PROUD NE SEC		
Current symptoms:	ce of a neurological disorder (if there are functional limitations related to the diagnosis, complete Section 10)	Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing  HEARING DISORDERS  Presence of a hearing disorder that requires or would list the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a formula of the person able to understand a sentence uttered in a fo	AMD Glaucoma  Diplopia with  require the use of a hearing orced whisper at a distance of	With correction: OU 6/ La Retinopathy nin the central 40 degrees g aid f 1.5 metres?		PROOF TO NE SEC		
Current symptoms:    s	CVA Parkinson's MS Head trauma Brain tumour Other	Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing HEARING DISORDERS  Presence of a hearing disorder that requires or would Is the person able to understand a sentence uttered in a find the person by the person able to understand a sentence uttered in a find the person by the person	AMD Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Frequire the use of a hearing	With correction: OU 6/ La Retinopathy  nin the central 40 degrees  g aid f 1.5 metres?  th a hearing aid With		PROOF TO NE SEC		
Date of diagnosis		Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing HEARING DISORDERS  Presence of a hearing disorder that requires or would be the person able to understand a sentence uttered in a final Yes No If so, check the appropriate NEUROLOGICAL DISORDERS  ence of a neurological disorder (If there are functional limitate)	AMD Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Frequire the use of a hearing  Frequire the use of	With correction: OU 6/ La Retinopathy  nin the central 40 degrees  g aid  f 1.5 metres?  th a hearing aid With  mplete Section 10)		PROOF TO NE SEC		
L II	Date of diagnosis	Bilateral cataracts Pseudophakia Defect detected during confrontation visual field testing  HEARING DISORDERS  Presence of a hearing disorder that requires or would lis the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a sentence uttered in a formula limit of the person able to understand a	AMD Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Glaucoma  Frequire the use of a hearing  Frequire the use of	With correction: OU 6/ La Retinopathy  nin the central 40 degrees  g aid  f 1.5 metres?  th a hearing aid With  mplete Section 10)	out a hearing aid	PROOF TO NE SEC		



				ne "NO" box if there are	no nealth issues to repor	. —
4	EPILEPSY (	OR NON-EPILEPTIC CONVULSIVE SEIZU	RES			NO
	Epilepsy )	Type of seizure	Date of the first seizure (Year-Month-Day)	Date of the last seizure (Year-Month-Day)		
		Generalized, focal impaired awareness (complex partial) and absence				PROCEED TO THE
		Nocturnal				NEXT SECTION
		Focal aware (simple partial)				OLOTION
	Non-epilep	tic convulsive seizures		Date of		
	Cause:			the last seizure:	(Year-Month-Day)	
	cribe how the	e seizures manifest:				
5 H	JEART ANI	) VASCULAR DISORDERS				NO
י נ	ILANI ANI	VASCOLAN DISONDENS				NO
	Presence o	f a heart disorder that severely limits physical a	activity			
	Functional o	lass     III   Marked limitation of phy	ysical activity: comfortable only at	rest		PROCEED TO THE
			st, confined to bed or a chair: any symptoms can occur even at rest			NEXT SECTION
	A subsethmaio				•	
	Arrhythmia	Diagnosis:		Date of diagnosis:	(Year-Month-Day)	
	Defibrillate	Date of implant:	(Year-Month-Day)	Date of the last shock:	(Year-Month-Day)	
	Aortic ane	urysm requiring surgery Diameter	r:cm		, , ,	
	Syncopes i	n the last 12 months Number of	episodes:	Date of the last episode:	•	
		Number of			(Year-Month-Day)	
	Specify trea	tment:				
lf a ı	professional	driver (Classes 1, 2, 3, 4A, 4B):	Heart failure	Provide the ejection fraction:	%	
6 F	RESPIRATO	RY DISORDERS				NO
	Presence o	f a respiratory disease that limits activities				
	Functional of	notagony.	alking on flat terrain compared to	an individual the same age or wh	nen climhing stairs	PROCEED
	III Shortness of breath when walking on flat terrain compared to an individual the same age or when climbing stairs  IV Shortness of breath after walking 100 metres at his or her own pace on flat terrain					
	V Shortness of breath when dressing, when undressing or when speaking					
	Oxygenotherapy  Nighttime Daytime Number of hours of use per day:					
	,,,			uy		
	Sleep apne		└ Yes └ No			
		Excessive daytime sleepiness?	└ Yes └ No	If so, provide the apnea-hyp	opnea index:	

Société de l'assurance automobile du Québec

**6228A 30** (2024-02) Page 2 of 4 Original document in French



In the following sections, check the "NO" box if there are no health issues to report. -

	<u> </u>			
7 DIABETES	NO			
Does the person have a proper understanding and control of his or her diabetes?  Yes No Treatment: Insulin Hypoglycemic agent	PROCEED			
In the last six months, has the person had hypoglycemic episodes while awake that resulted in an alteration of consciousness and required the intervention of a third party?    No				
If a professional driver (Classes 1, 2, 3, 4A, 4B):  Glycated hemoglobin (HbA1c): %				
8 PSYCHIATRIC DISORDERS	NO			
Presence of uncontrolled psychiatric disorders that present a risk when driving a road vehicle				
Diagnosis:	PROCEED TO THE			
Does the person have the necessary sense of self-criticism and judgment for driving?	NEXT SECTION			
Current symptoms:				
Number of psychotic episodes or episodes of acute mania in the last 12 months:  1 2 or more Date of the last psychotic episode:  (Year-Month-Day)	_			
The person is unfit to safely drive professional classes of vehicle (Class 1, 2, 3, 4A, 4B)  Specify:				
9 SUBSTANCE USE DISORDERS	NO			
5 SUDSTANCE USE DISUNDENS	NO			
Presence of a substance use disorder (based on the <i>DSM-5</i> )				
Type of substances: ☐ Alcohol ☐ Drugs ☐ Other ▶	PROCEED TO THE			
Severity: Mild (2-3 criteria) Moderate (4-5 criteria) Severe (6 criteria or more)	NEXT SECTION			
Remission start date: (Year-Month-Day)				
Specify the person's consumption habits   Before remission:				
(frequency and amount consumed/day):  After remission:				
10 FUNCTIONAL LIMITATIONS	NO			
Presence of a functional limitation that could present a risk when driving, or have an effect on driving				
Physical limitation Describe the impairment:				
Cognitive limitation ▶ Describe the impairment:				
Limitations to instrumental activities of daily living Specify:				
Diagnosis of dementia				
▶ Severity:				
Have you noticed a change over the past 12 months:				
- in physical functioning? ☐ Yes ☐ No ▶ Specify:				
- in cognitive functioning? ☐ Yes ☐ No ▶ Specify:				

Société de l'assurance automobile du Québec

6228A 30 (2024-02) Original document in French Page 3 of 4





Driver's licence number

11 (	CURRENT MEDICATION	In th	e followi	ing sections,	check the "NO" box if there	are no health iss	ues to repo	rt. — NO
	Use of medication of the following classes:				When taking this medication, does the person experience side effects			
	Class of medication	Name of medication	Dose	Frequency	that affect his or her ability to drive safely (decrease in vigilance or psychomotor retardation, drug interactions, polypharmacy, etc.)?			
	Anticonvulsants					Ye	s 🗌 No	PROCEED TO THE NEXT
	Antidepressants				Describe the side effects and their	severity.		SECTION
	Antipsychotics					oovonty.		
	Anxiolytics/Sleep aids							
	Opioids/Narcotics							
	Other (enclose a list)							
12	RECOMMENDATIONS							
Do y	ou believe the SAAQ should	require the person to subr	nit to addit	ional assessme	nts regarding his or her fitness to d	Irive?		
– Ro	ad test by an SAAQ examiner:				Yes No			
– Fu	nctional assessment by an occ	cupational therapist:			Yes No			
– Sp	ecialized consultations:	Yes No	If so,	specify the speci	alties:			
Sho	ıld the person cease driving	while awaiting these asse	essments?		Yes No			
13	DESCRIBE ANY SITUATI	ONS OR DIAGNOSES 1	THAT MAY	Y PRESENT A	RISK TO DRIVING A ROAD V	EHICLE		
INF	ORMATION REGARDING	THE HEALTH CARE P	ROFESSI	ONAL				
This person has been under my care since: Number of consultations per year:								
	OR This person has been und				,			
Last	name and first name (please p				Profession	Profe	ssional licence	number
		•						
Addr	ess (street number, street name	e, apartment)			Postal code	Telephone (work)	Extens	sion
Muni	cipality				Signature		Date of report	(Y-M-D)
					)			
Attacl	any documents you feel are	relevant to the case.						

## **Protection of Personal Information**

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at <a href="mailto:saaq.gouv.qc.ca/privacy">saaq.gouv.qc.ca/privacy</a> or contact the SAAQ's call centre.

Société de l'assurance automobile du Québec

6228A 30 (2024-02) Page 4 of 4