



**Driver Training Instructor
Medical Examination Request/Consent**

This form must be completed and signed by the Driver Training Instructor/Applicant for ICBC and the Superintendent of Motor Vehicles to obtain/share copies of medical information for the purposes of assessing the instructor/applicant's fitness to be licensed as a driver training instructor or as a driver for the applicable class.

Driver Training Instructor/Applicant Authorization (please print)

I, _____
SURNAME FIRST NAME & INITIALS

of _____
STREET/PO BOX/RR# CITY, PROVINCE POSTAL CODE

the holder of British Columbia Driver's Licence Number _____
DRIVER'S LICENCE NO.

_____, do hereby authorize the
DATE OF BIRTH (ddmmyyyy)

Insurance Corporation of British Columbia (ICBC), Driver Training and Assessment Standards and the Superintendent of Motor Vehicles, to obtain/share copies of my most recent medical examination, specialist, visual and hearing report(s). I understand that ICBC and the Superintendent of Motor Vehicles agree to share the above noted information for the purposes of:

- The Insurance Corporation's Medical Advisor in order to assess my fitness to be licenced as a Driver Training Instructor for the applicable class(es) and;
- The Superintendent to assess my fitness to be licensed as a driver for the applicable class.

Note: If the examination indicates a known medical condition, additional medical information may be requested.

SIGNATURE OF DRIVER TRAINING INSTRUCTOR/APPLICANT

DATE