

Supplementary Medical Application

Medical Review Unit - 3rd Floor
 2260- 11th Ave., Regina, SK S4P 2N7
 Phone: 1-800-667-8015 ext. 6176
 Local Phone Number: 775-6176
 Toll Free Fax: 1-866-274-4417
 or: 347-2577
 email: mruinquiries@sgi.sk.ca

Last Name		First		Middle Initial		Male <input type="checkbox"/>
						Female <input type="checkbox"/>
Number & Street or Box Number			Town/City		Prov	Postal Code
Driver's Licence Number	Birth Date	Month	Day	Year	Telephone Number Home: _____	
					Business: _____	
Present Class of Licence:				Class of driver's licence being applied for (if different than present class):		

Medical Information

Give particulars of the health condition(s):

Has this condition been previously reported ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, has there been any change in that condition ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain: _____				

Physician's Name: _____ Phone Number: _____

For the purposes of determining my eligibility to obtain or continue holding a driver's licence, I authorize any physician to release to Saskatchewan Government Insurance, all medical information concerning the above noted health condition(s), including all reports, memoranda, clinical notes, test results, correspondence and any other documentary information relative to my care and treatment.

This authorization shall be in effect for a period of one year from the date of execution and a photocopy of this document shall be treated as an original.

I declare that all information is true and correct and I understand a false declaration could result in loss of insurance coverage.

*Note: You may be required to provide medical reports.

 Signature of applicant

 Date