



Discretionary Reporting of Fitness to Drive

Effective July 1, 2018

Introduction

Effective July 1, 2018, occupational therapists (OTs) have the authority to report concerns regarding a client's fitness to drive directly to the Ministry of Transportation of Ontario (MTO). Under the *Highway Traffic Act, 1990* (HTA), occupational therapists are identified as "prescribed persons" who may report a person who is at least 16 years old who has or appears to have a medical condition, functional impairment or visual impairment that may make it dangerous for a person to operate a motor vehicle (section 203(2)).

This document summarizes the discretionary reporting expectations for occupational therapists and provides direction for the application of the legislation into occupational therapy practice. This document is not intended to give specific legal advice, but rather to provide an overview of the HTA, highlight occupational therapists' roles and responsibilities, and indicate where to obtain further information.

Overview

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Medical Reporting Provisions under the *Highway Traffic Act, 1990*

Amendments to the *Highway Traffic Act, 1990* (HTA) outline the requirements for medical reporting of persons who have conditions or impairments that may impact their driving ability. Section 203 of the HTA defines two types of medical reporting: mandatory and discretionary.

Mandatory reporting is a legal requirement to report that pertains to physicians, nurse practitioners, and optometrists:

203(1) Every prescribed person **shall report** to the Registrar [of Motor Vehicles] every person who is at least 16 years old who, in the opinion of the prescribed person, has or appears to have a prescribed medical condition, functional impairment or visual impairment.

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Prescribed Medical Conditions

Under the legislation, physicians, nurse practitioners and optometrists must report the following prescribed medical conditions, functional impairments and visual impairments:

1. Cognitive Impairment
2. Sudden Incapacitation
3. Motor and Sensory Impairment
4. Visual Impairment
5. Substance Use Disorder
6. Psychiatric Illness

Discretionary reporting is not a legal requirement but gives authority for reporting to **occupational therapists**, physicians, nurse practitioners and optometrists:

203(2) A prescribed person **may report** to the Registrar [of Motor Vehicles] a person who is at least 16 years old who, in the opinion of the prescribed person, has or appears to have a medical condition, functional impairment or visual impairment that may make it dangerous for the person to operate a motor vehicle.

Discretionary reporting is intended to 1) allow occupational therapists to report concerns about a client's fitness to drive if they choose, and 2) to allow occupational therapists, physicians, nurse practitioners and optometrists to report anything that is not listed in the prescribed medical conditions, functional impairments or visual impairments but, in a particular circumstance, raises concerns regarding fitness to drive.

Discretionary Reporting Rules for Occupational Therapists

The HTA describes the expectations for discretionary reporting. For specific legislative references please see **Appendix A**. The discretionary reporting rules that apply to occupational therapists are summarized as follows:

- Occupational therapists have the **authority to report concerns** about a client's fitness to drive directly to the Ministry of Transportation (Ontario Regulation 340/94: Drivers' Licences).
- Occupational therapists may report a driver but are **not legally required** to do so (Ontario Regulation 340/94: Drivers' Licences, section 14.2).
- Occupational therapists are permitted to make a report **without client consent** if the occupational therapist believes on reasonable grounds that the disclosure of information is necessary to prevent or reduce risk of harm to the client or others (*Highway Traffic Act, 1990*, section 203(3)).
- Occupational therapists can only report a client if they have **met the client**, either for an assessment or for the provision of occupational therapy services (*Highway Traffic Act, 1990*, section 203(4)).

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- Occupational therapists must **submit discretionary reports in the form and manner specified** by the MTO. A standardized form, available on the MTO website, is used for both mandatory and discretionary reporting and is to be faxed or mailed to the MTO.
- Occupational therapists may report any of the **prescribed** medical conditions, functional impairments and visual impairments but are not limited to prescribed conditions and may report **any other medical conditions, functional impairments or visual impairments** that raise concerns regarding fitness to drive (*Highway Traffic Act, 1990, section 203(2)*).
- Prescribed medical conditions are defined as follows:
 1. **Cognitive impairment:** a disorder resulting in cognitive impairment that,
 - i. affects attention, judgment and problem solving, planning and sequencing, memory, insight, reaction time or visuospatial perception, and
 - ii. results in substantial limitation of the person's ability to perform activities of daily living.
 2. **Sudden incapacitation:** a disorder that has a moderate or high risk of sudden incapacitation, or that has resulted in sudden incapacitation and that has a moderate or high risk of recurrence.
 3. **Motor or sensory impairment:** a condition or disorder resulting in severe motor impairment that affects co-ordination, muscle strength and control, flexibility, motor planning, touch or positional sense.
 4. **Visual impairment:**
 - i. A best corrected visual acuity that is below 20/50 with both eyes open and examined together.
 - ii. A visual field that is less than 120 continuous degrees along the horizontal meridian, or less than 15 continuous degrees above and below fixation, or less than 60 degrees to either side of the vertical midline, including hemianopia.
 - iii. Diplopia that is within 40 degrees of fixation point (in all directions) of primary position, that cannot be corrected using prism lenses or patching.
 5. **Substance use disorder:** a diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and the person is non-compliant with treatment recommendations.
 6. **Psychiatric illness:** a condition or disorder that currently involves acute psychosis or severe abnormalities of perception such as those present in schizophrenia or in other psychotic disorders, bipolar disorders, trauma or stressor-related disorders, dissociative disorders or neurocognitive disorders, or the person has a suicidal plan involving a vehicle or an intent to use a vehicle to harm others.
- Conditions and impairments that are not prescribed in legislation are referred to as **discretionary**.
- Occupational therapists are **NOT** expected to report concerns about a person whose impairment is, in the occupational therapist's opinion:
 - of a distinctly **transient or non-recurrent nature** (Ontario Regulation 340/94: Drivers' Licences, Section 14(1)4).

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- **modest or incremental changes in ability** that, in the prescribed persons opinion, are attributable to a process of natural aging, unless the cumulative effect of the changes constitutes a condition or impairment described in subsection (3). (Ontario Regulation 340/94: Drivers' Licences, Section 14(1)5).
- An occupational therapist who makes a discretionary report in good faith is **protected from legal actions** or proceedings being brought against them for making the report. (*Highway Traffic Act, 1990*, Section 204(2)).

Responsibilities of Occupational Therapists for Discretionary Reporting of Fitness to Drive

When an occupational therapist makes a discretionary report they are not making a determination about a person's driving privileges. Discretionary reports made by occupational therapists provide the MTO with information needed to make a decision about the status of an individual's licence. In some cases, the information provided by an occupational therapist will be sufficient for the MTO to make a decision while in other cases, the MTO may request additional information prior to issuing a decision.

Driving is a complex instrumental activity of daily living (IADL) that if performed by a person who is not fit to drive, presents a significant risk of danger to the driver and to others. In assessing a client's functional abilities, occupational therapists may identify concerns about fitness to drive. In these situations, occupational therapists must understand what they are expected to do and what options are available to address such concerns. The authority for discretionary reporting offers occupational therapists one option to address fitness to drive concerns.

Legal Requirements and Professional Obligations

Occupational therapists are not legally required to make discretionary reports, however, if an occupational therapist identifies a potential safety issue with a client, such as a concern about fitness to drive, the occupational therapist has a professional obligation to take action to address the concern. This action may or may not include making a discretionary report to the MTO.

Within their scope of practice, occupational therapists routinely address safety concerns. Addressing a concern about a client's fitness to drive aligns with the expectation that occupational therapists must address client safety concerns that arise within their practice. For example, if an occupational therapist were to identify that a client was at risk for self-harm after the client expressed thoughts of suicidal ideation during a treatment session, it would be expected that the occupational therapist would take steps to address the risk. Similarly, an occupational therapist would be expected to take action if they believed a client's substitute decision maker (SDM) was physically or financially abusing a client. The options available to the occupational therapist to address safety concerns will vary depending on the circumstances.

Occupational Therapist Responsibility for Assessing Fitness to Drive

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With the authority for discretionary reporting, many occupational therapists have asked whether all occupational therapists are now required to assess fitness to drive. The short answer is no. The legislation does not require occupational therapists to assess or report fitness to drive concerns to the MTO. The College also does not prescribe the nature and types of assessments that occupational therapists must perform. However, occupational therapists working with clients who are at least 16 years of age should determine if assessing fitness to drive is relevant to their clients and their current scope of practice and, if so, should be incorporated into their occupational therapy practice. The introduction of discretionary reporting for occupational therapists provides an opportunity to reflect on their current practice and consider whether they should make any modifications to ensure the issue of driving is addressed.

In determining relevance of fitness to drive within their practice, s should consider the following:

- Does your role involve addressing a client's ability to perform ADLs and IADLs in the community?
- Are many of your clients currently driving or will they be returning to driving? Do they want to drive?
- Do your clients or the client populations you work with have medical conditions, functional and/or visual impairments known to have an impact on fitness to drive?
- What is your current process for addressing fitness to drive concerns when they arise?
- Do 'red flags' frequently present in your assessment findings that would lead you to believe that clients may not be fit to drive?

Occupational therapists working with clients 16 years of age or older should ensure they have an understanding of medical conditions, functional impairments and visual impairments that may affect driving and be prepared to address fitness to drive concerns when they arise. According to the Canadian Council of Motor Transport Administrators (CCMTA, 2017), "the functions necessary for driving can be categorized as either cognitive, motor or sensory (vision and hearing). Sensorimotor functions are a combination of sensory and motor functioning and are considered as a subset of motor functions". For a detailed list of the functions needed for driving including a description of the function and an example of the function in the driving context, refer to the [CCMTA Determining Medical Fitness in Canada, Part 1: A Model for the Administration of Driver Fitness Programs \(2017\)](#).

National Medical Standards and Resources Related to Reporting of Fitness to Drive

The MTO assesses driver fitness against national medical standards developed by the Canadian Council of Motor Transport Administrators (CCMTA). When determining if a client has or appears to have a medical condition, functional impairment or visual impairment, occupational therapists should consider the [CCMTA Medical Standards for Drivers](#).¹

In addition to these standards, the legislation also recommends prescribed persons including occupational therapists, physicians, nurse practitioners and optometrists, consider using the resource

¹ Canadian Council of Motor Transport Administrators. *CCMTA Medical Standards for Drivers*. (2017).

*Determining Medical Fitness to Operate Motor Vehicles (9th edition)*² which can assist in decision-making regarding fitness to drive. This resource is available for a fee from the Canadian Medical Association.

Occupational Therapy Assessment and Discretionary Reporting

Driving is an essential part of out-of-home mobility for many clients and allows them to engage in meaningful occupations. Addressing fitness to drive is important for maintaining the safety of the driver in question and other road users.

Occupational therapists work in diverse practice areas and settings where they are involved in a client's care in varying capacities. As such, occupational therapists may assume different responsibilities in assessing and reporting fitness to drive based on their competence and experience with addressing the issue of driving. To assist in understanding how an occupational therapist may address this issue, the College has identified three types of approaches to assessing fitness to drive, informed by the three-tier expertise framework endorsed by the Canadian Association of Occupational Therapists (CAOT, 2009; Korner-Bitensky, Toal-Sullivan & von Zweck, 2007). The type of approach undertaken will depend on the scope and nature of the occupational therapist's role and their competence with addressing fitness to drive.

Assessment findings will provide information necessary to inform an occupational therapist's decision for how to proceed with respect to reporting.

Types of Approaches for Assessing Fitness to Drive:

- **General Functional Assessment**

Refers to the usual process undertaken by an occupational therapist when completing an assessment with a client in the context of their practice. During this process, an occupational therapist may identify medical conditions, functional impairments or visual impairments that raise concerns about a client's fitness to drive. For example, when conducting an assessment within a client's home, an occupational therapist may identify that a client has significant difficulty ambulating due to loss of sensation in his/her right foot. If the client is currently driving, this sensory impairment may raise concerns about the client's fitness to drive.

- **Driving Specific Functional Assessment**

Refers to the process where the occupational therapist assesses specific functions known to affect fitness to drive using evidence informed methods. This process of assessment typically requires enhanced knowledge of best practices for assessing and addressing fitness to drive. Occupational therapists may benefit from additional training to develop this competency.

² Canadian Medical Association. *Determining Medical Fitness to Operate Motor Vehicles, 9th edition*. (2017).

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- **Comprehensive Driving Evaluation (CDE)**

Refers to the process used by an occupational therapist who is practicing in the area of driver assessment and rehabilitation. These assessments are usually performed by occupational therapists who have specific training recognized by the MTO and who work in MTO approved Functional Assessment Centres. This type of assessment uses both clinic-based and on-road assessments combined with expert clinical judgement supported by evidence. Clinical assessment of driving and on-road assessment or behind-the-wheel assessment should be completed by an occupational therapist with advanced training and experience in driving assessment.

When assessing a client’s ability to drive, the occupational therapist should not get into a vehicle with the client. On road assessments of a client’s fitness to drive should only be performed by occupational therapists who are trained to conduct such assessments, which usually involves a qualified driving instructor.

An occupational therapist may use one or more of the above assessment approaches in their practice depending on their level of competence. The College does not specify any defined training requirements for each type of assessment approach. Specific training may be required by the MTO for occupational therapists practising in approved Functional Assessment Centres. Every occupational therapist must practice within their own competence and limitations.

Decision-Making and Fitness to Drive

Although having the legislative authority for discretionary reporting is new for occupational therapists, addressing fitness to drive issues has been an ongoing issue in occupational therapy practice. Deciding how to proceed when a client’s fitness to drive is questioned can be challenging and the decision to report a concern about a client is never easy.

Occupational therapists should always use their judgement when determining whether to make a discretionary report and be able to describe and document their rationale for any action or inaction. Using a decision-making process allows the occupational therapist to identify all available options.

Based on the occupational therapist’s level of competence in assessing fitness to drive, the assessment approach used and the assessment findings, the occupational therapist may identify one or more possible options to address fitness to drive concerns including but not limited to:

- Discussing driving concerns with the client/family/or other care providers
- Discussing driving concerns with interprofessional colleagues on the client’s care team
- Collaborative exploration with client about alternate out-of-home transportation plans to address temporary or permanent medical conditions or functional impairments
- Seeking a client’s agreement to cease or self-limit driving
- Consulting with an occupational therapist colleague who practices in the area of driver assessment and rehabilitation
- Referring a client for further driving assessment (i.e., Comprehensive Driving Evaluation)

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- Making a discretionary report to the MTO
- Recommending and/or initiating a referral for driver rehabilitation, adaptive driving equipment or vehicle modifications – may require additional reporting to the MTO and should only be performed by an occupational therapist with training and experience in driver rehabilitation.

If making a decision to make a discretionary report, whenever possible, the occupational therapist should collaborate with the client to develop a plan for alternate transportation arrangements for out-of-home mobility to assist the client to continue to engage in necessary and meaningful occupations.

Consent, Privacy, and Access

Occupational therapists are expected to obtain client consent for assessment and treatment and for the collection, use and disclosure of personal health information. Occupational therapists should consider their practice and use their clinical judgement to implement consent processes that comply with health care consent and privacy legislation as well as the College's Standards for Consent. In doing so, occupational therapists need to think about the primary purpose of their assessment or treatment. It is not always possible to predict what issues will arise during assessment or treatment. For example, an occupational therapist completing a falls risk assessment may not be able to anticipate that concerns regarding fitness to drive may arise. Consent is an ongoing process and provides occupational therapists an opportunity to address new issues and changes to assessment and treatment plans when they arise. If the purpose of the assessment is to make a determination regarding a client's fitness to drive or based on information available to the occupational therapist, the occupational therapist intends to address driving as part of their assessment, the occupational therapist should consider including a discussion related to driving and the potential for the need to report in the consent process.

Clients or their substitute decision makers (SDM) are always entitled to refuse or withdraw consent for assessment and treatment. If a client does not want to participate in assessment or treatment, their decision must be respected. Consent for assessment and treatment is different from consent to collect, use and disclose personal health information and depending on the circumstances, a client may not have the choice to withdraw consent for disclosure of information obtained during assessment or treatment if it relates to the risk of harm to the client or others. In the case of fitness to drive, if an occupational therapist believes a client has a medical condition, functional impairment or visual impairment that may make it dangerous for the client to drive, the occupational therapist is permitted to report this information to the MTO without client consent (HTA, section 203(3)).

Even though occupational therapists are not required to obtain consent, occupational therapists should advise their clients that a report is being made. The College expects that an occupational therapist will disclose their intention to submit a report to the MTO to their client and discuss the possible implications of the report. If an occupational therapist has a concern that telling a client that a report will be or has been made, could result in risk of harm to the client, the occupational therapist or others, the information about the filing of the discretionary report may be withheld by the occupational therapist.

Under the *Freedom of Information and Privacy Protection Act, 1990*, the MTO is required to provide the client with a copy of any report if requested unless there is evidence that release of the information

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would threaten the safety of the client, occupational therapist or others. Occupational therapists should inform their clients that copies of reports can be requested and must notify the MTO if they are concerned that releasing the report may threaten anyone's safety.

Documentation and Reporting of Fitness to Drive

Occupational therapists should ensure that the client record includes documentation of any concerns related to a client's ability to drive, including observations of the client, assessment findings, discussions with the client, and any action taken (i.e. if a discretionary report is made to the MTO). Occupational therapists should also document any referrals that are made to other health care providers in relation to a client's driving abilities. When sending any correspondence regarding a client, such as a discretionary report, a copy should be retained in the client's record.

Reporting

When submitting a discretionary report, occupational therapists are not making the decision to suspend or remove driving privileges. Occupational therapists are providing information that the MTO will use in making a decision regarding the status of an individual's driver's licence. Occupational therapists should be aware and inform clients that the submission of a discretionary report to the MTO does not automatically result in the client's licence being suspended or revoked. However, if the occupational therapist reports that the client presents with one of the mandatory prescribed medical conditions, functional impairments or visual impairments, a suspension will be issued, unless additional information is included that indicates the CCMTA medical standards have been met. Where information is provided in the discretionary reporting section, the MTO will determine if any further information is needed before a decision is made.

Forms

Occupational therapists are to use the standardized form provided by the MTO when making a discretionary report. This form is available on the [MTO website](#). Once completed the form must be faxed or mailed to the address indicated on the form. The MTO has published a Fact Sheet on how to complete and submit this form.

Interprofessional Collaboration and Fitness to Drive

It is important for occupational therapists who work with other professionals who have mandatory or discretionary reporting authority to determine who will be responsible to make a report and who will determine whether a report for a particular client should be made.

When working within an interprofessional team, team members can provide information to assist an occupational therapist in determining whether to make a discretionary report concerning a client's fitness to drive. In the event there is a difference of opinion among interprofessional team members regarding reporting a particular client, where consensus cannot be achieved, the occupational therapist should consider the level of risk and determine if the occupational therapist should proceed with a

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discretionary report. If choosing to proceed, the occupational therapist should ensure to communicate to team members that the report has been made.

At times, occupational therapists may have to rely on other professionals to make a mandatory or discretionary report when the information required for reporting is outside an occupational therapist's scope of practice. For example, if there are concerns about a client's ability to drive based on an episodic condition such as a seizure disorder, it would not be within the occupational therapist's scope of practice to provide the diagnosis or prognosis required for reporting. In this circumstance, the occupational therapist should confirm that the appropriate health care professional is aware of the circumstances and the occupational therapist's concerns regarding the client's fitness to drive. If another prescribed person is not involved in the client's care, the occupational therapist may consider, with the client's consent, making a referral to a health care provider with authority to diagnose and report.

Summary

Being granted authority for discretionary reporting within the legislation is an indication that occupational therapists' contributions to the field of fitness to drive are valued. Occupational therapists working with clients who want to drive, are currently driving, or want to return to driving have the ability to address the issue of fitness to drive and have a responsibility to take action if they observe a concern with a client within their practice.

Discretionary reporting provides occupational therapists with a mechanism to report identified fitness to drive issues directly to the MTO in a timely manner ensuring risk of harm is minimized for their clients and members of the public

References

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Ministry of Transportation www.ontario.ca/driverimprovement

Ontario Regulation 340/94: Drivers' Licences. www.ontario.ca/laws/regulation/940340

Ontario Regulation 38/18: Drivers' Licences. www.ontario.ca/laws/regulation/r18038

Appendix A – Legislative References

Highway Traffic Act, 1990

Medical reports

Mandatory reports

203 (1) Every prescribed person shall report to the Registrar every person who is at least 16 years old who, in the opinion of the prescribed person, has or appears to have a prescribed medical condition, functional impairment or visual impairment. 2015, c. 14, s. 55.

Discretionary reports

(2) A prescribed person may report to the Registrar a person who is at least 16 years old who, in the opinion of the prescribed person, has or appears to have a medical condition, functional impairment or visual impairment that may make it dangerous for the person to operate a motor vehicle. 2015, c. 14, s. 55.

Authority to make discretionary report prevails over duty of confidentiality

(3) The authority to make a report under subsection (2) prevails over any duty of confidentiality imposed on the prescribed person by or under any other Act or by a standard of practice or rule of professional conduct that would otherwise preclude him or her from providing the information described in that subsection to the Registrar. 2015, c. 14, s. 55.

Required to meet the person

(4) Subsections (1) and (2) only apply if the prescribed person actually met the reported person for an examination or for the provision of medical or other services, or in the circumstances prescribed by regulation. 2015, c. 14, s. 55.

Authority to make discretionary report is not a duty

(5) Subsections (2) and (3) do not impose a duty on a prescribed person to report to the Registrar. 2015, c. 14, s. 55.

General rules respecting medical reports

Contents

204 (1) A report required or authorized by section 203 must be submitted in the form and manner specified by the Registrar and must include,
(a) the name, address and date of birth of the reported person;
(b) the condition or impairment diagnosed or identified by the person making the report, and a brief description of the condition or impairment; and
(c) any other information requested by the form. 2015, c. 14, s. 55.

No liability for compliance

(2) No action or other proceeding shall be brought against a prescribed person required or authorized to make a report under section 203 for making such a report or for reporting to the Registrar in good faith with the intention of reporting under that section. 2015, c. 14, s. 55.

Ontario Regulation 340/94: Drivers' Licences

Prescribed Persons

14.1 (1) For the purposes of subsection 203 (1) of the Act, the following are the prescribed persons who shall report under that subsection: an optometrist, a nurse practitioner and a physician. O. Reg. 38/18, s. 3.

(2) For the purposes of subsection (1), an optometrist is prescribed only with respect to visual impairments. O. Reg. 38/18, s. 3.

Prescribed Medical Conditions

(3) For the purposes of subsection 203 (1) of the Act, the following are the prescribed medical conditions, functional impairments and visual impairments that a prescribed person under subsection (1) shall report:

1. Cognitive impairment: a disorder resulting in cognitive impairment that,
 - a. affects attention, judgment and problem solving, planning and sequencing, memory, insight, reaction time or visuospatial perception, and
 - b. results in substantial limitation of the person's ability to perform activities of daily living.
2. Sudden incapacitation: a disorder that has a moderate or high risk of sudden incapacitation, or that has resulted in sudden incapacitation and that has a moderate or high risk of recurrence.
3. Motor or sensory impairment: a condition or disorder resulting in severe motor impairment that affects co-ordination, muscle strength and control, flexibility, motor planning, touch or positional sense.
4. Visual impairment:
 - a. A best corrected visual acuity that is below 20/50 with both eyes open and examined together.
 - b. A visual field that is less than 120 continuous degrees along the horizontal meridian, or less than 15 continuous degrees above and below fixation, or less than 60 degrees to either side of the vertical midline, including hemianopia.
 - c. Diplopia that is within 40 degrees of fixation point (in all directions) of primary position, that cannot be corrected using prism lenses or patching.
5. Substance use disorder: a diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and the person is non-compliant with treatment recommendations.
6. Psychiatric illness: a condition or disorder that currently involves acute psychosis or severe abnormalities of perception such as those present in schizophrenia or in other psychotic disorders, bipolar disorders, trauma or stressor-related disorders, dissociative disorders or neurocognitive disorders, or the person has a suicidal plan involving a vehicle or an intent to use a vehicle to harm others. O. Reg. 38/18, s. 3.

(4) A person prescribed under subsection (1) is not required under subsection 203 (1) of the Act to report a person whose impairment is, in the prescribed person's opinion, of a distinctly transient or non-recurrent nature. O. Reg. 38/18, s. 3.

(5) A person prescribed under subsection (1) is not required under subsection 203 (1) of the Act to report modest or incremental changes in ability that, in the prescribed person's opinion, are attributable to a process of natural aging, unless the cumulative effect of the changes constitutes a condition or impairment described in subsection (3). O. Reg. 38/18, s. 3.

When considering whether a person has or appears to have a prescribed medical condition, functional impairment or visual impairment that is described in subsection (3), a prescribed person under subsection (1) may take into consideration,

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(a) the *CCMTA Medical Standards for Drivers* described in subsection 14 (4); and
(b) the document entitled *Determining Medical Fitness to Operate Motor Vehicles* (9th edition), published by the Canadian Medical Association and dated 2017, as it may be amended from time to time, that is available on the Internet through the website of the Canadian Medical Association. O. Reg. 38/18, s. 3.

14.2 For the purposes of subsection 203 (2) of the Act, the following are the prescribed persons who may report under that subsection: an occupational therapist, an optometrist, a nurse practitioner and a physician. O. Reg. 38/18, s. 3.

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