

# 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 conditon ?	<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