



THE RURAL MUNICIPALITY OF VICTORIA BEACH

705 - 1661 PORTAGE AVENUE

WINNIPEG, MB R3J 3T7

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Website – www.rmofvictoriabeach.ca Email – vicbeach@mymts.net

Medical Permit Application

Pursuant to the Rural Municipality of Victoria Beach By-Law No. 1588.

The Rural Municipality of Victoria Beach shall process completed applications only.

Section 1: To be completed and signed by the Applicant.

Full Name: _____

Victoria Beach Address: _____

Permanent Address: _____

Phone: Home: _____ Cell: _____ Seasonal: _____

Vehicle(s) to which Medical Permit would attach:

Year: Make: Model: Color: Licence Plate No.:

1. _____

2. _____

Authorization of Physician: I, (please print) _____ authorize the physician named below to provide the information on this form relating to my application to the Rural Municipality of Victoria Beach for a Medical Permit.

Signature of Applicant: _____

Date: _____

Section 2: To be completed and signed by a physician licensed to practice medicine in Manitoba.

Full Name: _____

Position: _____

Office Address: _____

Office Phone: _____

I, (please print) _____, verify that (please check those that apply):

- I am a physician licensed to practice medicine in Manitoba;
- It is my professional medical opinion that the Applicant, (please print) _____, has a medical condition which requires the Applicant to have direct access to and from his or her destination by use of a Motor Vehicle;
- It is my professional medical opinion that the Applicant cannot be transferred safely from the Motor Vehicle to a Taxicab to be transported to and from his or her destination within the Vehicle Restricted Area; and
- This assessment falls within my legislated scope of practice.

Signature of Physician: _____

Registration Number: _____ Date: _____

Medical Office Stamp: