

Medical Assessment Form Public Passenger Vehicle Driver

Important information

Roads and Maritime Services (RMS) and/or Transport for NSW (TfNSW) must be able to attest that all drivers of public passenger vehicles are fit and proper persons to hold an authority to drive such vehicles. This information is being collected in order to determine your fitness to drive a public passenger vehicle in accordance with the provisions of the *Passenger Transport Act 1990* and *Passenger Transport Regulation 2007*. If RMS cannot attest to you being a fit and proper person to hold an authority, the authority may be suspended, varied or cancelled or your application for authorisation may be refused.

You have a right to request access to the information collected by contacting the appropriate RMS and/or TfNSW office, the contact details are at the end of this form. RMS and/or TfNSW may disclose any health information received to another medical practitioner and/or specialist.

- Make an appointment with your doctor. As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose.
- If you wear spectacles, hearing aids etc, please take them with you to the examination.
- Complete Parts A and B of this form, including signing the Declaration/Consent (Part C), and take it with you to the appointment so the doctor can complete Parts E, F and G.
- You are required by the Passenger Transport Regulation 2007 to advise RMS and/or TfNSW of any condition that may affect your ability to drive a public passenger vehicle. You should make the doctor aware of any medical condition/s you have so that your doctor can advise RMS and/or TfNSW, on your behalf using this form.
- If the medical assessment/report has been requested for a particular reason, you should let your practitioner know this reason.
- On completion of the examination the doctor will complete Parts E, F and G of this form, after which you should return the whole form to RMS and/or TfNSW. (Refer to Part D for lodgement details)
- Payment for any medical examination is the responsibility of the authority holder/applicant.

Part A - Driver Details - to be completed by driver / applicant for authorisation

1. Surname (*family name*)

2. Given names

3. Sex Male
 Female

4. Date of birth

5. Residential address (*PO box not accepted*)

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

6. a Contact phone number

b Mobile number

7. Driver licence number

8. Authority number

9. Authority status

Current Not Current

10. Authority type

Bus Taxi Motorcycle
Private Hire Vehicle 4WD

Part B - Medical Questionnaire - to be completed by driver / applicant for authorisation

Please answer the questions by ticking the correct box and supplying details (*if applicable*). If you are not sure, leave the question blank and ask your Medical Practitioner (doctor) what it means. You must then answer the question with your doctor. Your doctor will also ask you additional questions during the examination.

11. Are you being treated for any illness or injury?

Yes *if yes give details*
No

Details

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

12. Are you taking any medications (*either prescribed by your doctor or otherwise*)?

Yes *if yes give details*
No

Condition(s) List medications currently
medications are taken for being taken for condition(s)

<input type="text"/>	<input type="text"/>
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Public Passenger Services

Level 4, 16 - 18 Wentworth Street Parramatta NSW 2150

Locked Bag 5310, Parramatta NSW 2124

www.transport.nsw.gov.au | 1800 227 774 | T 02 9689 8888 | F 02 9689 8813 | E licensing@transport.nsw.gov.au

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13. Do you use any drugs or medications not prescribed for you by a doctor which may affect your ability to drive a motor vehicle?

Yes *if yes give details*

No

Details

14. Do you have diabetes?

Yes *how is this being treated?*

No

Diet

Tablets

Insulin

15. In the past year, have you ever had to pull off the road because you have become sleepy or drowsy?

Yes *if yes give details*

No

Details (*If so, how often?*)

16. Have you ever had, or been told by a doctor that you had any of the following?

a. High Blood Pressure

Yes

No

b. Heart Disease

Yes

No

c. Chest pain, Angina

Yes

No

d. Any Heart operation or procedure

Yes

No

e. Palpitations/Irregular heart beat

Yes

No

f. Abnormal shortness of breath

Yes

No

g. Head injury, spinal injury

Yes

No

h. Psychiatric, Psychological, Nervous Disorder or Depression

Yes

No

i. Hearing Loss

Yes

No

j. Seizures, Fits, Convulsions, Epilepsy

Yes

No

k. Blackouts, Fainting

Yes

No

l. Stroke

Yes

No

m. Dizziness, Vertigo (*balance problems*)

Yes

No

n. Double Vision, Difficulty seeing (*other than needing glasses*)

Yes

No

o. Kidney disease

Yes

No

p. Sleep Disorder, Sleep Apnoea or Narcolepsy

Yes

No

q. Cancer (*affecting brain or nervous system*)

Yes

No

Note: If you have answered **yes** to any questions in section 16, please have your Medical Practitioner (*doctor*) provide details in 'Doctor's comments' on page 7'.

17. Alcohol Use Questionnaire

a. How often do you have a drink containing alcohol?

Never *go to question 18*

Monthly or less 2 to 4 times a month

2 to 3 times a week 4 or more times a week

b. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4

5 or 6 7, 8 or 9

10 or more

c. How often do you have six or more drinks on one occasion?

Never Less than monthly

Monthly Weekly

Daily or almost daily

d. How often during the last year have you found that you were not able to stop drinking once you had started?

Never Less than monthly

Monthly Weekly

Daily or almost daily

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e. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never Less than monthly
 Monthly Weekly
 Daily or almost daily

f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never Less than monthly
 Monthly Weekly
 Daily or almost daily

g. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never Less than monthly
 Monthly Weekly
 Daily or almost daily

h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never Less than monthly
 Monthly Weekly
 Daily or almost daily

i. Have you or someone else been injured as a result of your drinking?

- No Yes, but not in the last year
 Yes, in the last year

j. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No Yes, but not in the last year
 Yes, in the last year

18. Do you use illicit or recreational drugs?

- Yes *if yes give details*
 No

Details

19. Have you been in a vehicle crash since your last medical examination?

- Yes *if yes give details*
 No

Details

Part C - Driver / applicant declaration - to be completed by driver / applicant for authorisation

I hereby declare that questions 1 to 19 inclusive on this Medical Assessment (Medical Questionnaire) have been read by me. The answers given to the questions in this Medical Assessment (Patient Questionnaire) form are, to the best of my knowledge, true, correct and accurate in every detail. I have listed all relevant details of my medical history.

I consent to my medical practitioner providing my health information to RMS and/or TfNSW, or to a medical practitioner nominated by RMS and/or TfNSW.

Further, I give authority to RMS and/or TfNSW to obtain details of any matter which may assist in determining whether I meet the medical criteria outlined in the publication 'Assessing Fitness to Drive' (Commercial and Private Vehicle Drivers) March 2012.

Name (*print*)

Signature

Date

day	/	month	/	year
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Part D - Lodgement Details *(This completed form can be returned to your closest office)*

By email: Scan this form and email to licensing@transport.nsw.gov.au

Sydney region:
By fax: 02 9689 8813
By mail: Public Passenger Services
 Locked Bag 5310,
 Parramatta NSW 2124
By hand: Level 4,
 16 - 18 Wentworth Street
 Parramatta NSW 2150
Enquiries: 02 9689 8888

Wollongong region:
 02 8265 6633
 Transport for NSW
 PO Box 5215
 Wollongong NSW 2500
 Level 5
 280 Keira Street
 Wollongong NSW 2500
 02 8265 6600

Newcastle region:
 02 4929 6288
 Transport for NSW
 PO Box 871
 Newcastle NSW 2300
 Ground Floor
 239 King Street
 Newcastle NSW 2300
 02 4929 7006

Important information for Medical Practitioner

- The medical examination must be conducted in accordance with the commercial medical standards described in the "Assessing Fitness to Drive, Commercial and Private Vehicle Drivers (2012)". This publication is available from the web on www.austroads.com.au. It details the examination process, but the forms you must use are those provided by RMS and/or TfNSW, not those given as examples in the appendix to the standards. The criteria to be used are those detailed in the right hand column, marked "Commercial Standards".
- Upon completion of the examination complete Parts E and F and sign Part G of the form and give to the patient to return to RMS and/or TfNSW.
- You should retain a copy of this form for the patient's medical record together with detailed examination notes.
- Information not relevant to the patient's fitness to drive should not be forwarded to RMS and/or TfNSW.
- If you have doubts about the patient's fitness to drive, please give reasons in the comments section on the form, and arrange referral to a specialist for an opinion (*see below*).
- If you recommend consideration for a conditional Authority, you will need to make a referral to an appropriate specialist(s) and hand the Medical Specialist Referral form to the applicant/driver to take to the specialist(s) for completion.
- You may also recommend a practical driving test to assess fitness to drive. Please indicate this in the final section of the form, the Medical Assessment Certificate.
- If you have any doubts about the information required, or wish to discuss the case, please contact RMS and/or TfNSW.

Driving Assessment

There are two types of Driving Assessments:

- A Practical Driving Test can be conducted by an Accredited Driving Assessor. This type of assessment looks at a driver's ability to safely handle the type of vehicle in question, e.g. taxi, bus, motorcycle etc. **Note;** any cost involved is to be met by the driver.
- More complex assessments may be requested with a Driver Rehabilitation Unit, or by an accredited occupational therapist, if warranted. Normally this would only be required in cases where the driver has a disability which could compromise safe and effective control of the vehicle. Additional medical specialist advice may also be required, e.g. from an occupational or rehabilitation physician, in such cases. Your local office listed on page 3 can assist with locating the closest suitable provider for these assessments.
- The main aim of assessment by an occupational therapist or Driver Rehabilitation Unit is to assist people with impairments to resume or continue driving. There are two components of the assessment. The first part of the assessment aims to evaluate the person's difficulties. This involves an interview, vision screen, cognitive function test, assessment of physical strength, motor skills, reaction time, road law and road craft. The need for specialist equipment of vehicle modifications is considered at this time.
- The on-road assessment takes a standard approach but can be designed to meet individual needs. It is conducted in a dual controlled vehicle, accompanied by a driving instructor and where necessary set up with special requirements or modifications to meet the needs of the driver. The assessment is structured to assess the impact of injury, illness or the aging process on driving skills such as judgement, decision-making skills, observation and vehicle handling.

Conditions and Restrictions

- If appropriate, the medical practitioner may recommend conditions which may be imposed upon the driver authority and that go to driver competency or safety and allow the driver to continue to drive (e.g. corrective lenses, no night driving, additional mirrors).
- If the medical practitioner makes a recommendation to impose conditions, reasons must be provided.
- If the medical practitioner is of the opinion that vehicle modifications are necessary (e.g. hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the driver will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary.

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Part E - Medical Practitioner Details - to be completed by your usual Medical Practitioner (General Practitioner or Family Doctor) **ONLY**

20. Medical Practitioner name (please print)

21. AHPRA number

22. Practice address (PO box not accepted)

23. Telephone number

24. Fax number

25. Email

26. Examination date

day	/	month	/	year
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27. GP stamp

Part F - Clinical Examination - to be completed by your usual Medical Practitioner (General Practitioner or Family Doctor) **ONLY**

(refer to AFTD website www.austroads.com.au)

28. Head, neck and throat appearance

- Normal
Abnormal ► give details

29. Chest /Lungs

- Clear
Abnormal ► give details

30. Hearing

- a. without a hearing aid
- | | | |
|--|-----------------------------------|-----------------------------------|
| | Left | Right |
| | Normal <input type="checkbox"/> | Normal <input type="checkbox"/> |
| | Abnormal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
- b. with a hearing aid
- | | |
|--|--|
| | Normal <input type="checkbox"/> |
| | Abnormal <input type="checkbox"/> ► give details |
| | N/a <input type="checkbox"/> |

31. Weight (kilos) Height (metres) Body Mass Index

<input type="text" value="Kgs"/>	divided	<input type="text" value="m<sup>2</sup>"/>	=	<input type="text"/>
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Weight: BMI - see Sleep Disorders on page 106 of the publication 'Assessing Fitness to Drive' March 2012.

32. Vision

- a. Visual acuity
- | | | |
|-------------|---------|---------|
| | Right | Left |
| Uncorrected | 6/_____ | 6/_____ |
| Corrected | 6/_____ | 6/_____ |
- b. Are corrective lenses worn? Yes
No
- c. Binocular visual field should have an extent of at least 140° within 10° above and below the horizontal midline. Is this standard met? Yes
No

33. Urinalysis

- Normal
Abnormal ► give details

34. Abdomen

- Normal
Abnormal ► give details

Note: if 'abnormal' selected for questions 28 - 34 please add details below

35. Is Neuropsychological Assessment required (e.g. in case of head injury)?

- Yes
No

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39. Doctor's comments (attach additional pages if required)

Note: comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the 'Assessing Fitness To Drive' March 2012 publication.

Further pages attached

Part G - Medical Examination Certificate to be completed by Medical Practitioner ONLY

I certify that I have examined (insert applicant/driver name)

in accordance with the relevant Commercial National Medical Standards as set out in the publication 'Assessing Fitness to Drive' (Commercial and Private Vehicle Drivers) Medical Standards for Licensing and Clinical Management Guidelines March 2012.

In my opinion the driver/applicant:

Meets the relevant criteria for an **unconditional authority**

Does **not** meet the relevant criteria for an unconditional or conditional authority for the following reasons:

May meet the criteria for a **conditional authority** with the following conditions:

To assess suitability for a **conditional authority**, I recommend either or both of the following actions:

Referral to an appropriate medical specialist(s)
(list specialists name(s) below)

Referral for a practical driving assessment by either:

An accredited assessor for the type of vehicle involved (taxi, private hire vehicle, bus, 4wd or motor cycle),

An accredited driver rehabilitation centre, or specialist (eg an occupational therapist)

Note- Accredited assessors can be suggested by RMS and/ or TfNSW. Any costs involved in the assessment are the responsibility of the driver/applicant.

Medical Practitioner name (print clearly)

Medical Practitioner Signature

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Date

	/		/	
day		month		year