



Medical Assessment
Public Passenger Vehicle Driver

NSW Transport and Infrastructure (NSWTI) 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 the Director General 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 NSWTI office, the contact details are at the end of this form. NSW Transport and Infrastructure may disclose any health information received to another medical practitioner.

PART A – Patient Questionnaire - to be completed by the authorised driver or applicant for authorisation. Please answer the questions by ticking the correct box. 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.

Family Name (surname)		Given Name (first name)		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Postal Address			Date of Birth	
Residential Address			Driver Licence Number	
Authority Number:	Authority Type <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Private Hire Vehicle <input type="checkbox"/> 4WD	Status of Authority	Contact Phone Number	
		<input type="checkbox"/> Current <input type="checkbox"/> Not Current		

1. Are you being treated for any illness or injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details		
2. Are you taking any medications (either prescribed by your doctor or otherwise)? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, give details (please list all medications currently being taken)</i>		Condition	Medication	
3. 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 <input type="checkbox"/> No <input type="checkbox"/>		4. Do you have diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how is this being treated? <input type="checkbox"/> Diet <input type="checkbox"/> Tablets <input type="checkbox"/> Insulin		5. In the past year, have you ever had to pull off the road because you have become sleepy or drowsy? Yes <input type="checkbox"/> No <input type="checkbox"/> If so how often?
6. Have you ever had, or been told by a doctor that you had any of the following?				
a.	High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	i. Hearing Loss Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	j. Seizures, Fits, Convulsions, Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Chest pain, Angina	Yes <input type="checkbox"/>	No <input type="checkbox"/>	k. Blackouts, Fainting Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Any Heart operation or procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	l. Stroke Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Palpitations/Irregular heart beat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	m. Dizziness, Vertigo (balance problems) Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Abnormal shortness of breath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n. Double Vision, Difficulty seeing Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Head injury, spinal injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	o. Kidney disease Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Psychiatric, Psychological, Nervous Disorder or Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	p. Sleep Disorder, Sleep Apnoea or Narcolepsy Yes <input type="checkbox"/> No <input type="checkbox"/>
				q. Cancer (affecting brain or nervous system) Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to any questions in section 6, please have your Medical Practitioner (doctor) provide details on the following page in 'Doctor's comments'.

Patient Questionnaire – (Continued)

<p>7. How often do you have a drink containing alcohol?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Monthly or less</p> <p><input type="checkbox"/> 1 to 4 times a week <input type="checkbox"/> 5 or more times a week</p>	<p>8. How many standard drinks do you have on a typical day when you are drinking?</p> <p><input type="checkbox"/> one (1) <input type="checkbox"/> between three (3) and five (5)</p> <p><input type="checkbox"/> Two (2) <input type="checkbox"/> 6 or more</p>
<p>9. How often do you have six (6) or more standard drinks on one occasion?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Monthly or less</p> <p><input type="checkbox"/> 2 to 4 times a week <input type="checkbox"/> 5 or more times a week</p>	<p>10. Do you use illicit or recreational drugs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details</p>
<p>11. Have you been in a vehicle crash since your last medical examination?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details</p>	

DRIVER/APPLICANT DECLARATION

I hereby declare that questions 1 to 11 inclusive on this Medical Assessment (Patient 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 NSW Transport and Infrastructure, or to a medical practitioner nominated by NSW Transport and Infrastructure. Further, I give authority to NSW Transport and Infrastructure 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) 2003*.

Driver/Applicant signature:

Date:

Doctor's comments on the above (attach additional pages if required)

PART B - Clinical Examination to be completed by your usual Medical Practitioner (General Practitioner or Family Doctor) ONLY from this point onwards.

To the Medical Practitioner - This medical examination must be conducted in accordance with the national medical standards prescribed in *Assessing Fitness to Drive (Commercial and Private Vehicle Drivers) 2003*. This publication is available from the web on www.austroads.com.au . It details the examination process and provides examination Proforma to guide you. The standard for this examination is the commercial vehicle standards.

Name of Medical Practitioner		Date of Examination	Provider Number																									
Practice Address																												
Telephone		Fax	Email																									
1. Head, Neck and Throat Appearance: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	2. Chest /Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> Abnormal	3. Hearing without a hearing aid <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	4. Hearing with a hearing aid <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																									
5. Weight <input type="text"/> Kg divide by height <input type="text"/> m ² = Body Mass Index <input type="text"/> Weight: See Sleep Apnoea criteria, pages 87 – 89 of the publication 'Assessing Fitness to Drive'	6. Vision <table style="width:100%; border:none;"> <tr> <td></td> <td align="center" colspan="2">Uncorrected</td> <td align="center" colspan="2">Corrected</td> </tr> <tr> <td></td> <td align="center">R</td> <td align="center">L</td> <td align="center">R</td> <td align="center">L</td> </tr> <tr> <td>a. Visual Acuity</td> <td align="center">6/</td> <td align="center">6/</td> <td align="center">6/</td> <td align="center">6/</td> </tr> <tr> <td>b. Are corrective lenses worn?</td> <td align="center" colspan="2">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td align="center" colspan="2"></td> </tr> <tr> <td>c. Does binocular visual field have an extent of at least 140° within 10° above and below the horizontal midline?</td> <td align="center" colspan="2">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td align="center" colspan="2"></td> </tr> </table>				Uncorrected		Corrected			R	L	R	L	a. Visual Acuity	6/	6/	6/	6/	b. Are corrective lenses worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>				c. Does binocular visual field have an extent of at least 140° within 10° above and below the horizontal midline?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Uncorrected		Corrected																									
	R	L	R	L																								
a. Visual Acuity	6/	6/	6/	6/																								
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7. Urinalysis <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	8. Abdomen <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		9. Is Neuropsychological Assessment required (e.g. in case of head injury)? Yes <input type="checkbox"/> No <input type="checkbox"/>																									

Medical Examination (Continued)

<p>10. Cardiovascular System:</p> <p>a. Blood Pressure (repeat if necessary)</p> <p>Systolic <input style="width: 40px;" type="text"/> mm Hg <input style="width: 40px;" type="text"/> mm Hg</p> <p>Diastolic <input style="width: 40px;" type="text"/> mm Hg <input style="width: 40px;" type="text"/> mm Hg</p> <p>b. Pulse Rate <input style="width: 40px;" type="text"/> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>c. Heart Sounds <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>d. Peripheral Pulses <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>	<p>11. Neurological/Locomotor:</p> <p>a. Cervical Spine Rotation <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>b. Back movement <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>c. Upper Limbs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Muscle Strength <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Co-ordination <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Joint movements <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Reflexes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <p>d. Lower Limbs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Muscle Strength <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Co-ordination <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Joint movements <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Reflexes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <p>e. Romberg's Sign* <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>
<p>12. Alcohol or Drug Abuse</p> <p>Signs of alcohol or other drug abuse which may affect the driver/applicant's ability to drive?</p> <p style="text-align: right;">Present <input type="checkbox"/> Absent <input type="checkbox"/></p>	<p>*A pass requires the ability to maintain balance while standing, shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds.</p>

13. **Doctor's Comments**— *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 publication.*

MEDICAL EXAMINATION CERTIFICATE

I certify that I have examined _____, 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 2003*.

In my opinion the driver/applicant:

- Meets the relevant criteria for an unconditional authority.
- Does not meet the criteria for an unconditional or conditional authority for the following conditions:
- May meet the criteria for a conditional authority for 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
- Referral for a practical driving assessment by either:
 1. An accredited assessor for the type of vehicle involved (taxi, bus, 4wd or motor cycle), or
 2. An accredited driver rehabilitation centre, or specialist (eg an occupational therapist)

Note- *Accredited assessors can be suggested by NSW Transport and Infrastructure. Any costs involved in the assessment are the responsibility of the driver/applicant.*

Name of examining medical practitioner (General Practitioner or Family Doctor)	Signature	Date
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To the Driver/Applicant – Complete the Blue Sections

- 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 Part A of this form, including the Consent section below your personal details, and take it with you to the appointment so the doctor can complete Part B.
- You are required by the Passenger Transport Regulation 2007 to advise NSW Transport and Infrastructure of any condition that may affect your ability to drive. You should make the doctor aware of any medical condition/s you have so that your doctor can advise NSW Transport and Infrastructure, on your behalf using this form.
- If the medical 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 Part B of this form, after which you should return the whole form to NSW Transport and Infrastructure.
- Payment for any medical examination is the responsibility of the authority holder/applicant.

To the Medical Practitioner – Complete the Black Sections

- The medical examination must be conducted in accordance with the national medical standards described in the "Assessing Fitness to Drive, Commercial and Private Vehicle Drivers (2003)". 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 NSW Transport and Infrastructure, 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 and sign Part B of the form and give to the patient to return to NSW Transport and Infrastructure.
- You should copy and 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 NSW Transport and Infrastructure.
- 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 NSW Transport and Infrastructure.

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 NSWTI office 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.
- Provided the driver is safe overall, the 'bad habits' that an experienced driver might display may not result in a failure.

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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