Transport Roads & Maritime Services

Medical Assessment Form
Public Passenger Vehicle Driver

Important information

Roads and Maritime Services 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 under the *Passenger Transport Act 2014* and Passenger Transport (General) Regulation 2017. If Roads and Maritime 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 Roads and Maritime, the contact details are at the end of this form. Roads and Maritime may disclose any health information received to a 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 (General) Regulation 2017 to advise Roads and Maritime 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 Roads and Maritime, 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 Roads and Maritime. *(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 ___ / ___ / ___ (day month year)

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

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 ☐

Part B – Medical Questionaire – 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

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

Yes ☐ ▶ *if yes give details*

No ☐

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

continued page 2

Licence Review Unit
Locked Bag 14
Grafton NSW 2460

www.rms.nsw.gov.au | **T** 13 77 88 | **E** DA.Medicals@rms.nsw.gov.au

UNCLASSIFIED
SENSITIVE: PERSONAL

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? Diet ☐

No ☐ 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 ☐

continued page 3

UNCLASSIFIED
SENSITIVE: PERSONAL

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

Privacy Statement

We are collecting your personal and health information in connection with your application for a driver authority under the *Passenger Transport Act 2014* and may retain and use it for the purposes of that Act and for driver licensing, motor vehicle, road transport or road safety purposes. Providing this information is voluntary but we may refuse your application unless you do so.

We may disclose your personal information and health information in order to verify it and to assess your application. We may disclose your personal information in respect of motor accident or other litigation enquiries and to other public passenger transport regulators, driver licensing and vehicle registration agencies. We may also disclose your personal information or health information where relevant to accredited operators, networks, or booking or ride share service providers under the *Passenger Transport Act 2014* (or other relevant legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise we will not disclose your personal or health information without your consent unless authorised by law.

This Privacy Statement also applies in respect of your personal and health information we may subsequently collect in relation to your driver authority. Your personal and health information will be held by Roads and Maritime Services at 20-44 Ennis Road, Milsons Point NSW 2061 and you have the right to access and correct the information if you believe that it is incorrect. You can contact us to request to access or correct it.

Your declaration

I (the applicant) declare that:

- I have read and understood all the information and questions on this form and any other relevant medical assessment forms and my answers and the information provided by me are, to the best of my knowledge, true, correct and accurate in every detail.
- I am aware that any person who attempts to obtain a driver authority by false statement, misrepresentation or omission of details likely to affect such application, shall be guilty of an offence and shall be liable to a penalty of up to $2,200 and any authority issued may be cancelled.
- I will comply with the *Passenger Transport Act 2014*, associated regulations and conditions relevant to a driver authority and understand that failure to do so may result in my authority being suspended, cancelled or varied.
- I give authority to Roads and Maritime Services to obtain details of any matter which may assist in determining whether I meet the medical criteria outline in the publication 'Assessing Fitness to Drive (Commercial and Private Vehicle Drivers) October 2016'.

I consent for Roads and Maritime Services to obtain any information it requires to determine whether to grant, renew or cancel my driver authority and to assess whether I am a fit and proper person of good repute, or hold the aptitude and responsibility to drive a public passenger vehicle. This may include (but is not limited to) complaints, charges, convictions, traffic infringements and driver licence suspensions and cancellations (in NSW or elsewhere). I consent to third parties (including but not limited to police, judiciary and licensing and other regulatory authorities) releasing that information to Roads and Maritime Services. This consent continues and may not be revoked by me so long as I hold (or apply for) a driver authority or while any legal action is proposed against me in respect of a driver authority including a suspended, cancelled or expired authority.

Name *(print)*

Signature

Date

day / month / year

Part D – Lodgement Details

By email: Scan this form and email to DA.Medicals@rms.nsw.gov.au

By mail: Licence Review Unit
Locked Bag 14
Grafton NSW 2460

Enquiries: 13 77 88

UNCLASSIFIED
SENSITIVE: PERSONAL

continued page 4

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 (2016)”. 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 Roads and Maritime 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 Roads and Maritime 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 Roads and Maritime 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 Roads and Maritime 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.

continued page 5

UNCLASSIFIED
SENSITIVE: PERSONAL

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)*

Postcode

23. Telephone number

24. Fax number

25. Email

26. Examination date

day / month / year

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	☐	☐
Abnormal	☐	☐

b. with a hearing aid

Normal ☐
Abnormal ☐ ▶ *give details*
N/a ☐

31. Weight (kilos) Kgs divided Height (metres) m^2 = Body Mass Index

Weight: BMI - see Sleep Disorders on page 112 of the publication *'Assessing Fitness to Drive' October 2016*.

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 140^0 within 10^0 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 ☐

continued page 6

UNCLASSIFIED
SENSITIVE: PERSONAL

36. Cardiovascular System:

a. Blood Pressure *(repeat if necessary)*

Systolic ____ mm Hg Systolic ____ mm Hg

Diastolic ____ mm Hg Diastolic ____ mm Hg

b. Pulse Rate ____

Normal ☐
Abnormal ☐ ▶ *give details*

c. Heart Sounds

Normal ☐
Abnormal ☐ ▶ *give details*

d. Peripheral Pulses

Normal ☐
Abnormal ☐ ▶ *give details*

Note: if 'abnormal' selected for questions 36a - d please add details below

37. Neurological/Locomotor:

a. Cervical Spine Rotation
Normal ☐
Abnormal ☐ ▶ *give details*

b. Back movement
Normal ☐
Abnormal ☐ ▶ *give details*

c. Upper Limbs

Muscle Strength
Normal ☐
Abnormal ☐ ▶ *give details*

Co-ordination
Normal ☐
Abnormal ☐ ▶ *give details*

Joint movements
Normal ☐
Abnormal ☐ ▶ *give details*

Reflexes
Normal ☐
Abnormal ☐ ▶ *give details*

d. Lower Limbs

Muscle Strength
Normal ☐
Abnormal ☐ ▶ *give details*

Co-ordination
Normal ☐
Abnormal ☐ ▶ *give details*

Joint movements
Normal ☐
Abnormal ☐ ▶ *give details*

Reflexes
Normal ☐
Abnormal ☐ ▶ *give details*

e. Romberg's Sign*
Normal ☐
Abnormal ☐ ▶ *give details*

* 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.

Note: if 'abnormal' selected for questions 37a - e please add details below

38. Signs of alcohol and/or other drug abuse which may affect the driver/applicant's ability to drive?

Present ☐
Absent ☐

continued page 7

UNCLASSIFIED
SENSITIVE: PERSONAL

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' October 2016 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 October 2016*.

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 Roads and Maritime and/or TfNSW. Any costs involved in the assessment are the responsibility of the driver/applicant.*

Medical Practitioner name *(print clearly)*

Medical Practitioner Signature

Date

day / month / year

UNCLASSIFIED
SENSITIVE: PERSONAL