

Medical Assessment Form Public Passenger Vehicle Driver continued

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

Medical Assessment Form Public Passenger Vehicle Driver continued

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

Part D – Lodgement Details

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

By mail: Enrolment Services
 PO Box 3185,
 Parramatta NSW 2124

Enquiries: (02) 8848 8700

By hand: You can leave your completed form in our secure drop box located at Roads and Maritime Security Office, on the Ground floor, 110 George Street, Parramatta.

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.

