



# Medical Specialist Assessment Report Form continued

## Part D – Specialist Report to be completed by Specialist Medical Practitioner

Name of Specialist Medical Practitioner

  

Speciality

Qualifications

AHPRA number

Practice address (*PO box not accepted*)

  

Postcode

Telephone number

Fax number

Specialist Medical Practitioner signature

Date

  
day / month / year

Further pages attached

**Specialist Opinion** (*attached further pages if more space is required*)

**Note:** Please refer to the relevant section of the national standard applied to commercial drivers (available on the website [www.austroads.com.au](http://www.austroads.com.au)) and frame your opinion in terms of the criteria detailed.

## Part E – Lodgement Details

**By email:** Scan this form and email to [licensing@transport.nsw.gov.au](mailto:licensing@transport.nsw.gov.au)

**By fax:** 02 9689 8813

**By mail:** Enrolment Processing Unit  
Locked Bag 5085,  
Parramatta NSW 2124

**By hand:** Level 4,  
16 - 18 Wentworth Street  
Parramatta NSW 2150

**Enquiries:** 02 9689 8888