

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) 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

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