

### 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 1990* and *Passenger Transport Regulation 2007*. 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 the appropriate Roads and Maritime office. Roads and Maritime may disclose any health information received to a medical practitioner and/ or specialist.

- Complete Parts A and B of this form, including signing the Declaration/Consent (Part C),
- You are required by the Passenger Transport Regulation 2007 to advise Roads and Maritime of any condition that may affect your ability to drive a public passenger vehicle.
- If Roads and Maritime has any concerns about the answers provided on this form or your medical condition you may be required to undertake a further medical examination with your doctor.
- Payment for any further medical examination is the responsibility of the authority holder/applicant.
- If you are 60 years or older you must complete 'Medical Assessment Form (Public Passenger Vehicle Driver – Form 1689)'. Do not submit this form.

#### 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

Private Hire Vehicle  Taxi

#### Part B – Medical Questionnaire – 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) List medications currently  
medications are taken for being taken for condition(s)

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Enrolment Processing Unit

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[www.transport.nsw.gov.au](http://www.transport.nsw.gov.au)

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| T 02 9689 8888

| F 02 9689 8813

| E [licensing@transport.nsw.gov.au](mailto:licensing@transport.nsw.gov.au)

# Medical Assessment Form – Private Hire Vehicle and Taxi-Cab Drivers (< 60 years of age)

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?

No

Diet

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

## 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

