

Appendix 2: Forms

Appendix 2.1: Medical report form

The driver licensing authority has a legal responsibility to ensure all drivers have the appropriate skills and ability, and are medically fit to hold a driver licence. To meet this responsibility, legislation gives the driver licensing authority the authority to ask any motor vehicle licence holder or applicant to provide medical evidence of their suitability to drive and/or to undergo a driver assessment.

This is facilitated by a medical report. The relevant driver licensing authority provides the medical report form to the driver, who will present it to the health professional for completion at the time of the examination. This form is the key communication between health professionals and driver licensing authorities. It should be completed with details of any medical criteria not met, as well as details of recommended conditions and monitoring requirements for a conditional licence. Medical information that is not relevant to the patient's fitness to drive should not be included on this form for privacy reasons.

The forms used by each state or territory vary; however, they will generally include the information outlined below. For further information contact your local driver licensing authority (refer to [Appendix 9: Driver licensing authority contacts](#)).

Information required in a medical report form

Driver details:

- name and contact details
- consent for the driver licensing authority to contact the health professional for further information relevant to the person's fitness to drive (inclusion and wording will depend on jurisdiction)
- licence details (to guide the health professional in selecting the appropriate standard for assessment, i.e. private or commercial).

Health professional details:

- date of examination
- health professional's name and contact details
- signature of examining health professional.

Assessment of fitness to drive – the health professional records the following:

- whether they were familiar with the driver's medical history prior to the examination
- which standards (private/commercial) were applied in the examination
- whether the driver meets / does not meet criteria for an unconditional licence (noting criteria that are not met and other relevant medical details)
- whether the driver meets / does not meet criteria for a conditional licence, noting
 - criteria that are not met and other relevant medical details
 - proposed restrictions to the person's licence (if appropriate)
 - suggestions for management and periodic review interval (conditional licence)
- whether the driver requires additional assessment including
 - specialist assessment (specify type)
 - practical driving assessment (specify type)
 - occupational therapist assessment
- whether the driver's condition has now improved so as to meet criteria for a conditional or unconditional licence noting
 - criteria previously not met
 - response to treatment and prognosis
 - duration of improvement
 - other relevant information including consideration of the driving task.

Other information contained within the form:

- legal information
- instructions to
 - the driver/applicant
 - the health professional
- information about
 - occupational therapy driver assessments
 - driver licensing authority driver assessments.

Appendix 2.2: Medical condition notification form

If, in the course of treatment, a patient's condition is found to affect their ability to drive safely, the health professional should, in the first instance, encourage the patient to report their condition to the driver licensing authority. A standard form, [Medical condition notification form](#), has been produced to facilitate this process. The health professional completes the form, explains the circumstances to the patient and asks the patient to forward the form to the driver licensing authority. Most driver licensing authorities will also accept a letter from the treating practitioner or specialist. The letter should, however, include the details laid out in the form to enable the driver licensing authority to make a decision.

If necessary, the health professional may feel obliged to make a report directly to the driver licensing authority using a copy of this form (refer to [pages 17 and 31](#)). Even when making a report directly to the driver licensing authority, the health professional should inform the patient that they are doing so.

Medical condition notification form

To: [Insert the address of your local driver licensing authority – refer to [Appendix 9: Driver licensing authority contacts](#)]

Patient details [please print]:

Mr/Mrs/Ms: _____ Surname: _____

Given names: _____

Full address: _____

Date of birth: / / Licence no.: _____

Assessment of Fitness to Drive – Report

I have examined the patient (whose name, address and date of birth are set out above) in accordance with the relevant National Medical Standards (private or commercial) as set out in *Assessing Fitness to Drive, 2016*.

Private vehicle standards Commercial vehicle standards

I have known/treated the patient for _____ years.

According to this assessment, please select **ONE** of the **THREE** options below and provide supporting information:

Option 1

In my opinion, the person who is the subject of this report **does not meet** the medical criteria to hold an unconditional licence (as outlined in *Assessing Fitness to Drive*) but may meet the medical criteria to hold a **conditional licence**.

Please describe the nature of the condition and the medical criteria that are not met.

Please provide information to support the consideration of a **conditional licence** including evidence of the medical criteria met and consideration of the nature of the driving task.

Please describe any recommended **licence conditions** or **restrictions** relating to the driver’s medical condition including requirements for periodic review (e.g. annual review), vehicle modifications, corrective lenses or restricted daytime driving, etc.

Further comments on medical condition(s) affecting safe driving appear attached

OR

Option 2

In my opinion, the person who is the subject of this report **does not meet** the medical criteria to hold an **unconditional** or **conditional licence** as outlined in *Assessing Fitness to Drive*.

Please describe the nature of the condition and the medical criteria not met, including a consideration of the driving task.

Further comments on medical condition(s) affecting safe driving are attached

OR

Option 3

Reinstatement of licence:

In my opinion the medical condition of the person who is the subject of this report has improved so as to meet the criteria for a **conditional** or **unconditional licence**.

Please provide details of: the criteria previously not met; the response to treatment and prognosis; duration of improvement; and other relevant information including consideration of the driving task.

Further comments on medical condition(s) affecting safe driving are attached.

Health professional's details: Reporting professional's name [please print]:

Professional's address:

Telephone: ()

Fax: ()

Date of examination: / /

Signature: