

Class of Licence  
NSW Licence number  
Date of birth  
Date of this letter

Reason for  
medical

## INFORMATION FOR HEALTH PROFESSIONALS

This customer has been requested by Roads and Maritime Services to undergo a NSW Fitness to Drive medical assessment as a condition of applying for or maintaining a NSW driver licence.

To complete the assessment refer to the 'reason for medical' listed above and to the Austroads national standards 'Assessing Fitness to Drive' available at [austroads.com.au/drivers-vehicles/assessing-fitness-to-drive](http://austroads.com.au/drivers-vehicles/assessing-fitness-to-drive). Relevant sections and page numbers from the standards have been provided at each section below. Prior to commencing, review the standards relevant to the patient's class of licence shown above. See *Assessing Fitness to Drive*, part A:3, pg 12. Private vehicle classes are R, C or LR. Commercial driver classes are MR, HR, HC and MC.

Only information that is relevant to the patient's fitness to drive should be listed on this assessment. Where medical fitness cannot be determined, refer the patient to an appropriate specialist. All commercial drivers require a specialist medical opinion for any serious health conditions.

All drivers aged 75 years and above require an annual medical assessment to retain their licence. The assessment must be completed prior to turning 75 years and each subsequent birthday. No exemptions are given to this requirement.

**Important - Health professionals must adhere to the *Assessing Fitness to Drive* medical standards when granting conditional licences. Recommendations that conflict with these standards and/or Roads and Maritime medical review and licensing schemes may not be implemented. For more information about the roles and responsibilities of health professionals, refer to parts A:2 - 2.3 of *Assessing Fitness to Drive*, page 8.**

**Completing the assessment:** Return the completed form to the patient to submit directly to Roads and Maritime Registry or Service NSW Centre. Location details are available at [service.nsw.gov.au](http://service.nsw.gov.au) or phone 13 22 13. You may also return the form on your patient's behalf via post to Locked Bag 14, Grafton NSW 2460. Further details are available at [rms.nsw.gov.au](http://rms.nsw.gov.au).

## INFORMATION FOR THE APPLICANT

The information provided by your medical practitioner is important in deciding whether to grant, renew, suspend or cancel your driver licence or impose conditions on it.

### Privacy Statement

Your personal and health information collected in this form will be held by Roads and Maritime at 101 Miller St, North Sydney NSW 2060. You may request access to and/or correction of this information.

Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence. You are required to provide this information under road transport legislation. Failure to do so may result in your driver licence being refused, suspended or cancelled.

The health information which Roads and Maritime collects may be used to determine your medical fitness to hold a driver licence and, if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit.

Your personal and health information held by Roads and Maritime may be disclosed in order to verify it and to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence. Otherwise it will not be disclosed unless permitted by law.

### Roles and Responsibilities of the driver

Legislation requires a driver to advise Roads and Maritime of any long-term injury or illness that may affect his or her safe driving ability. These laws may impose penalties for failure to report. As well as these legal obligations, a driver may be liable at common law if he or she continues to drive knowing that he or she has a condition that is likely to adversely affect safe driving.

Sections 1, 2 and 3 must be completed for ALL patients. If the patient has a vision, eye disorder or a visual field defect an optometrist or ophthalmologist must complete these sections. Complete all other sections, indicating medical conditions where appropriate.

1. Does the patient have a vision or eye disorder?  Yes  No

If Yes, please tick the condition(s). Refer to part B:10 of Assessing Fitness to Drive, pg 119-121.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cataracts        | <input type="checkbox"/> Diplopia/Double vision | <input type="checkbox"/> Glaucoma             |
| <input type="checkbox"/> Monocular vision | <input type="checkbox"/> Poor night vision      | <input type="checkbox"/> Macular degeneration |

Other, specify: \_\_\_\_\_

Tick if the condition(s) indicated above is corrected by wearing glasses or contacts. Refer to part B:10 Figure 10, pg 117.

2. What is the patient's visual acuity?  Yes  No

	Right	Left	Together
List Visual Acuity uncorrected	6/ _____	6/ _____	6/ _____

List Visual Acuity with glasses/contacts	6/ _____	6/ _____	6/ _____
--	----------	----------	----------

3. Does the patient have a restricted visual field or a visual field defect? Refer to part B:10-10.2.3, pg 117.  Yes  No

List visual fields in degrees: \_\_\_\_\_

Tick if the binocular visual fields do not meet the standards

Optometrist or ophthalmologist details. Complete only if relevant:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel No: \_\_\_\_\_

4. Does the patient have a cardiovascular condition(s)?  Yes  No

If Yes, please tick the condition(s). Refer to part B:2, pg 43-54.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Acute Myocardial Infarct | <input type="checkbox"/> Aneurysms (abdominal & thoracic)*          | <input type="checkbox"/> Angina           | <input type="checkbox"/> Angioplasty          |
| <input type="checkbox"/> Cardiac Arrest           | <input type="checkbox"/> Cardiac Defibrillator (ICD)**              | <input type="checkbox"/> CABG             | <input type="checkbox"/> Congenital Disorders |
| <input type="checkbox"/> Dilated Cardiomyopathy   | <input type="checkbox"/> HCM Cardiomyopathy                         | <input type="checkbox"/> Heart Transplant | <input type="checkbox"/> Heart Failure        |
| <input type="checkbox"/> Pacemaker                | <input type="checkbox"/> Other (Refer to part B:2, pg 51-54): _____ |   |   |

\*Specify size of Aneurysm: \_\_\_\_\_

Tick if repaired and does not impact driving ability

\*\*All patients with an ICD implant require periodic specialists referral and cannot hold a commercial licence. Refer to part B:2, pg 48.

5. Does the patient have diabetes?  Yes  No

If Yes, indicate the medication. Refer to part B:3, pg 59-61.

Insulin  Tablets/other non insulin agents

Tick if patient is not compliant with medication

Specify any end organ effects: \_\_\_\_\_

6. Does the patient have epilepsy? Refer to part B:6, pg 79-85.  Yes  No

If Yes, specify \_\_\_\_\_ Date of last two seizures: (a) \_\_\_\_\_ (b) \_\_\_\_\_

Tick if the diagnosis is confirmed by a specialist Date medication ceased, if applicable: \_\_\_\_\_

7. Does the patient have Dementia or other cognitive impairment? Refer to part B:6, pg 73.  Yes  No

Specify: \_\_\_\_\_

Tick if specialist referral is required. Refer to part B:6-6.1.2, pg 71.

8. Does the patient have a neuromuscular condition? Refer to part B:6, pg 95.  Yes  No

Specify: \_\_\_\_\_ Tick if specialist referral is required

Tick if driving assessment is required

9. Does the patient have vestibular, neurological or other neurodevelopmental disorders?  Yes  No

If Yes, tick the condition(s). Refer to part B:6, pg 88, 93-98.

- |  |   |
|--|---|
| <input type="checkbox"/> Aneurysms (unruptured intracranial)         | <input type="checkbox"/> Blackout: Date of most recent episode: _____ |
| <input type="checkbox"/> Brain tumour(s)                             | <input type="checkbox"/> Cerebral Palsy                               |
| <input type="checkbox"/> Meniere's Disease                           | <input type="checkbox"/> Multiple Sclerosis                           |
| <input type="checkbox"/> Stroke: Date of most recent episode*: _____ | <input type="checkbox"/> Parkinson's                                  |
| <input type="checkbox"/> Other specify: _____                        | <input type="checkbox"/> Vertigo                                      |
|  | <input type="checkbox"/> Syncope: Date of most recent episode: _____  |

\*If within the last 12 months specialist referral is required.



10. Does the patient have sleep apnoea or narcolepsy?  Yes  No

If Yes, tick the condition(s). Refer to part B:8, pg 108.

- Narcolepsy  Tick if not well controlled. All patients with Narcolepsy must see a specialist.  
 Sleep Apnoea  Tick if not well controlled. Refer all commercial drivers with sleep apnoea to a specialist.

11. Does the patient have mental health issues?  Yes  No

If Yes, tick the condition(s). Refer to part B:7, pg 103. Refer to part B:7-7.2, pg 101-102 for general assessment guidelines.

- Anxiety disorder  ADHD  Bipolar affective disorder  Chronic depression  
 Personality disorder  PTSD  Schizophrenia  Tourettes  
 Other, specify: \_\_\_\_\_  
 Tick if the patient requires medication for any of the above conditions  
 Tick to confirm if the patient is not compliant with medication  
 Tick if the condition is of such severity that it requires a psychiatric review

12. Does the patient have a musculoskeletal disorder?  Yes  No

If Yes, tick the condition(s). Refer to part B:5, pg 68.

- Chronic pain  Deformities  Loss of digits  Loss of limbs  Severe arthritis  Other  
 Specify condition: \_\_\_\_\_  
 Tick if the patient requires vehicle modifications  
 Tick if the Roads and Maritime practical driving test is required  
 Tick if an occupational therapist driving assessment is required

13. Is the patient dependant on drugs or alcohol (eg based on ICD-10 criteria)?  Yes  No

If Yes, refer to part B:9, pg 112 and pg 114.

- Tick if the patients' alcohol use disorder is likely to affect safe driving. Specify: \_\_\_\_\_  
 Tick if the patient's illicit drug use is likely to affect safe driving. Specify: \_\_\_\_\_  
 Tick if the patient is in a treatment program  
 Tick if patient requires specialist referral  
Specify any end organ damage that could affect driving: \_\_\_\_\_

14. Is the patient taking multiple medications that may affect driving?\* Refer to part A:4-4.8, pg 20-21.  Yes  No

If Yes, specify effects on driving \_\_\_\_\_ \*Please refer the patient for a Home Medicine Review, if appropriate

15. Does the patient's health status or continued use of alcohol warrant the extension of the alcohol interlock program?  Yes  No

16. Does the patient have severe hearing loss? For commercial drivers only. Refer to part B:4, pg 64.  Yes  No

#### APPLICANT'S DECLARATION AND CONSENT

This section must be completed

I declare I have provided true and complete details to my medical practitioner. I consent to my medical practitioner providing my health information to Roads and Maritime, or to a medical practitioner nominated by Roads and Maritime. Further, I give authority to Roads and Maritime to obtain details of any matter which may assist in determining whether I meet the medical criteria outlined in the publication 'Assessing Fitness to Drive' (Commercial and Private Vehicle Drivers) March 2012.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Doctor or Medical Specialist's Certification

How long have you treated the patient? *List years / months* \_\_\_\_\_ Y \_\_\_\_\_ M

How long has the patient been with this practice? *List years / months* \_\_\_\_\_ Y \_\_\_\_\_ M

Did you have knowledge of the patient's medical history before undertaking this assessment? *Refer to part A:2-2.3.4, pg 9. If you ticked no, request the patient's medical file from their regular practitioner and/or conduct a more thorough examination than usual to ensure they meet the Assessing Fitness To Drive medical standards*  Yes  No

Any additional comments on conditions likely to affect driving? *If Yes, attach supplementary documents*  Yes  No


In my opinion, the patient of this assessment: *Tick one option. Refer to part A:3-3.4. pg 13.*

- Option 1:** Meets the medical criteria for an unconditional licence
- Option 2:** Meets the medical criteria for an unconditional licence and requires annual medical assessment (drivers 75+)
- Option 3:** Meets the medical criteria subject to further assessment (practical driving test or specialist medical review)
- Option 4:** Meets the medical criteria for a conditional licence, subject to periodic medical review (indicate restrictions below if appropriate)
- Option 5:** Does not meet the medical criteria for an unconditional or conditional driver licence

**If Option 3 ticked: Which assessment is recommended? Tick requirements.**

- Roads & Maritime practical driving test
- Occupational therapist driving assessment
- Review by a specialist. *Specify:* \_\_\_\_\_

**If Option 4 ticked: What are the recommended licence conditions? Tick all that is relevant. Refer to part A:3, pg 14-15.**

- Downgrade to a lower class of licence. *Specify:* \_\_\_\_\_
- Daylight hours only
- Modified vehicle. *Specify:* \_\_\_\_\_
- Radius restriction. *Specify distance:*  
 2km  5km  10km  15km  20km  30km  40km  50km  75km  100km
- Extension of the Alcohol Interlock Program (for a patient currently on the Program)

Date: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Field of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email (optional): \_\_\_\_\_

## Office Use Only

CSO Signature and date

--

Vision section completed or tested at Registry/Service NSW  Yes  No

Vision meets standards  Yes  No

Satisfactory report - no further adjudication required  Yes  No

Report referred to Licence Review Unit for adjudication  Yes  No

**If Yes, reason why:** \_\_\_\_\_

(eg failed result, new medical declaration, expiring a medical condition code, specialist review, driving test, etc)

Note: If new licence conditions have been recommended by the doctor, ensure they are recorded and arrange for a replacement licence to be issued. Do not refer these medicals to Licence Review Unit unless further adjudication is required.