

Medical assessment

(Registered medical practitioner to complete)

Applicant's Victorian driver licence number

This medical examination must be conducted in accordance with the national medical standards described in the current *Assessing Fitness to Drive Guidelines* (The guidelines). These guidelines are available from www.austroads.com.au. The guidelines detail the examination process and the medical criteria for fitness to drive.

Driver accreditation holders must meet the commercial vehicle driver standards set out in the guidelines.

Indemnity

State legislation provides legal indemnity to medical practitioners who conduct an examination and provide the TSC with an opinion based on that examination.

Criminal liability and insurance

Practitioners may be liable under civil law, in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of medical practitioners and may reasonably expect medical practitioners to comply with the national medical standards.

Conditions and restrictions

Medical practitioners may recommend conditions which may enhance driver competency or safety and allow the patient to continue to drive (eg. corrective lenses). If you recommend a conditional licence, details of the recommended restrictions and reasons must be provided, otherwise a conditional accreditation will not be considered.

For more information about conditional licences refer to the guidelines.

If you believe that vehicle modifications are necessary (for example hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, driver assessment is necessary as the patient will need to demonstrate the ability to drive safely with these restrictions.

If you have any doubts about the information required, or wish to discuss the case personally, please contact the TSC directly. The TSC may not accept a medical certificate if it is illegible. Care should be taken to ensure that all relevant details have been completed and can be read.

Please complete all fields in BLOCK LETTERS

Applicant surname

Applicant given name/s

Date of birth

I certify that I have examined the above mentioned patient (who is applying for driver accreditation) in accordance with the relevant national medical standards for licensing of commercial passenger vehicle drivers as set out in the guidelines. In my opinion the patient (please tick):

- Meets the relevant medical criteria for an unconditional accreditation and requires no further assessment
- Does not meet the medical criteria for an unconditional or conditional accreditation (provide details of criteria not met in space over page)
- Does not meet the medical criteria for an unconditional accreditation but may be suitable for a conditional accreditation based on information noted below (provide details of criteria not met, proposed restrictions or conditions such as the requirement to wear corrective lenses when driving a commercial passenger vehicle, suggestions for management and/or periodic review in space over page)
- Requires appropriate specialist assessment (provide details of type of specialist recommended/referred to in space over page)
- | | | |
|--|---|---|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Sleep Specialist | <input type="checkbox"/> Neurologist |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Occupational Therapist |
- Other

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Details of medical criteria not met; restrictions; management plans in place/recommended; review periods and requirements for further assessment below:

Must wear corrective lenses when driving a commercial passenger vehicle (tick if appropriate)

REGISTERED MEDICAL PRACTITIONER DETAILS

Medical practitioner's full name

Practice address
(If not part of stamp)

AHPRA registration number

Phone number

Signature

Date of examination

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

MEDICAL PRACTITIONER STAMP HERE

DECLARATION & CONSENT OF PATIENT (Applicant to complete)

I, the above named patient and applicant for driver accreditation, declare that I disclosed my full medical history to the above mentioned registered medical practitioner, and consent to the examining medical practitioner providing information to the Taxi Services Commission and/or VicRoads, and I understand that I shall be responsible for any medical expense incurred in connection with the compilation of the above medical assessment.

Applicant's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

HINT: Check the form for completeness before leaving the medical practitioner's office.