

Commercial Driver's Health Assessment

CONFIDENTIAL

If this form is not returned by the due date, your Public Vehicle Licence will be suspended.

Applicants for an original 'T' (Taxi), 'O' (Public Bus), 'H' (Private Hire Car), 'W' (Restricted Hire Car), 'M' (Hire Car Motorcycle) or 'D' (Rideshare) public vehicle licence are required to undergo an initial medical examination by their General Practitioner (GP) and appropriate specialist prior to the grant of the public vehicle licence. Holders of a 'T', 'H', 'W', 'M' or 'D' public vehicle licence must thereafter undergo a 5 yearly examination by their GP until the age of 70, at which time a practical driving assessment must also be completed at the applicant's cost. Accredited driving instructors and holders of an 'O' condition must also undergo an annual examination by a GP. Please note, certain medical conditions may alter the timeframes above.

If the completed Health Assessment is not returned by the due date, the public vehicle licence and public vehicle driver authority will be suspended until the assessment is received. Should you wish to apply for an internal review of this decision, applications for review should be addressed to:

- The Manager, Transport Licensing, PO Box 582, Dickson ACT 2602.

An application for internal review must be made within 28 days of receiving this form.

If you are not satisfied with the outcome of the internal review, you have the right to apply to the ACT Civil and Administrative Tribunal (ACAT) to review the decision of the internal review. An application to the ACAT regarding the subject of this form can only be made following an internal review.

Applications to the ACAT must be made within 28 days of the date of the decision of the internal review. Please note that an application fee may apply. Applications should be sent to:

- ACT Civil and Administrative Tribunal, Level 4, Moore St, Canberra ACT 2600.
- Phone: (02) 6207 1740.

For further enquiries, in the first instance, phone Access Canberra on 13 22 81.

This application concerns: (Please place an ☒ in the corresponding box)

Forward the completed and signed copy of this form to the relevant area:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accredited Driving Instructor | Mail: ADI Auditors
PO Box 582
DICKSON ACT 2602 | E-mail: audit.bookings@act.gov.au |
| <input type="checkbox"/> Heavy Vehicle Assessor | | |

- | | | |
|--|--|--|
| <input type="checkbox"/> Hire Car | <input type="checkbox"/> Taxi | Mail: Transport Licensing
PO Box 582
DICKSON ACT 2602 |
| <input type="checkbox"/> Restricted Hire Car | <input type="checkbox"/> Public Bus | |
| <input type="checkbox"/> Hire Car Motorcycle | <input type="checkbox"/> Rideshare | E-mail: rusmedicals@act.gov.au |
| <input type="checkbox"/> Heavy Vehicles over 8t GVM | | |

Guidelines for completing this form**The Applicant Must:**

- Complete Section 1 on page ii and iii prior to the medical examination;
- Present the completed form to the examining doctor;
- If you wear spectacles, hearing aids etc. please bring them with you to the examination;
- Supply the examining doctor with any relevant documentation.

The Examining Doctor Must:

- Read Part A and sections of Part B of the booklet 'Assessing Fitness to Drive';
- Review Section 1 with the applicant, and comment on any abnormality;
- Complete Section 2 on page iv **and** the Medical Examiner's Certificate on page i;
- Return completed and signed copy of this form to the applicant

Payment for the medical examination is the responsibility of the licence holder / applicant.

The doctor may extend the examination where considered clinically appropriate, but must advise the applicant of any extra costs involved.

Licence holder / Application details

Surname	Given name	Other names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Licence number	Business hours contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		

Medical practitioner details

Name of examining doctor (please print or stamp)	Signature	Date of examination
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Telephone
<input type="text"/>		<input type="text"/>

Medical opinion - medical practitioner to complete

I certify that I have examined the above mentioned patient in accordance with the National Medical Standards as set out in 'Assessing Fitness to Drive'. In my opinion the person subject of this report:

Medical Opinion	Action Required
<input type="checkbox"/> Meets the relevant medical criteria for an unconditional licence.	No further information required.
<input type="checkbox"/> Does not meet the medical criteria for an unconditional or a conditional licence. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Examining doctor to clearly note in the box provided: 1) Criteria not met and other relevant medical details
<input type="checkbox"/> Does not meet the medical criteria for an unconditional licence but may be suitable for a conditional licence based on opinion below and additional details attached as required. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Examining doctor to clearly note in the box provided: 1) Criteria not met and other relevant medical details. 2) Proposed restrictions to licence (if appropriate). 3) Suggestions for management and periodic review interval (conditional licence) .
<input type="checkbox"/> Requires appropriate specialist assessment and I have requested and obtained a report as attached.	Examining doctor to obtain required information from specialist and attach report.
<input type="checkbox"/> Requires practical driving test and is medically and psychologically fit to undertake a test. <input type="text"/> <input type="text"/>	Examining doctor to clearly note in the box provided, details regarding the medical condition as relevant to the driving task.
<input type="checkbox"/> Requires occupational therapist assessment and is medically and psychologically fit to undertake an occupational therapist assessment. <input type="text"/> <input type="text"/>	Examining doctor to clearly note in the box provided, details regarding the medical condition as relevant to the driving task.
<input type="checkbox"/> Requires an assessment by the Fitness to Drive Medical Clinic. <input type="text"/> <input type="text"/>	Examining doctor to clearly note in the box provided, details regarding the medical condition as relevant to the driving task.
<input type="checkbox"/> Previously unlicensed or on a conditional licence but condition has now improved so as to meet criteria for a conditional or unconditional licence.	No further information required.

Section 1 - Applicant to complete

Please answer the following questions by ticking the correct box. If you are not sure leave it empty, the Doctor will ask you additional questions during the examination.

	No	Yes
1. Are you being treated by a doctor for any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you receiving any medical treatment or taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
3. Have you ever had, or been told by a Doctor that you had any of the following?		
3.1 High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Chest pain / Angina	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Any condition requiring heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Palpitations / Irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
3.6 Abnormal shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Head injury, spinal injury	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Seizures, fits, convulsions or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Blackouts or fainting	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Stroke	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
3.11 Dizziness, vertigo, problems with balance	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Double vision, difficulty seeing	<input type="checkbox"/>	<input type="checkbox"/>
3.13 Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
3.14 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
3.15 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
3.16 Neck, back or limb disorders	<input type="checkbox"/>	<input type="checkbox"/>
3.17 Hearing loss or deafness or had an ear operation or use a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
3.18 Do you have difficulty hearing people on the telephone (including use of hearing aid if worn)?	<input type="checkbox"/>	<input type="checkbox"/>
3.19 Have you ever had, or been told by a doctor that you had a psychiatric illness, or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3.20 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
4.1 Have you ever had, or been told by a doctor that you had a sleep disorder, sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>

4.3 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? (This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you).

Use the following scale to choose the most appropriate number for each situation. It is important that you put a number (0 to 3) in each of the 8 boxes.

Chance of dozing (0 - 3)	Situation
0 = would never doze off	Sitting and reading
1 = slight chance of dozing	Watching TV
2 = moderate chance of dozing	Sitting, inactive in a public place (e.g. a theatre or meeting)
3 = high chance of dozing	As a passenger in a car for an hour without a break
	Lying down to rest in the afternoon when circumstances permit
	Sitting and talking to someone
	Sitting quietly after a lunch without alcohol
	In a car, while stopped for a few minutes in the traffic

5.1 How often do you have a drink containing alcohol?

- ☐ Never
☐ Monthly
☐ Two to four times a month
☐ Two to three times a week
☐ Four or more times a week

5.2 How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1 or 2 ☐ 3 to 5 ☐ 5 to 6 ☐ 7 to 9 ☐ 10 or more

5.3 How often do you have six or more drinks on one occasion?

- ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

5.4 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

5.5 How often during the last year have you failed to do what was normally expected from you because of drinking?

- ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

5.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

5.7 How often during the last year have you had a feeling of guilt or remorse after drinking?

- ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

5.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

5.9 Have you or someone else been injured as a result of your drinking?

- ☐ No ☐ Yes, but not in the last year ☐ Yes, during the last year

5.10 Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- ☐ No ☐ Yes, but not in the last year ☐ Yes, during the last year

6. Do you use illicit drugs?

No ☐ Yes ☐

7. Do you use any drugs or medications not prescribed for you by a Doctor?

No ☐ Yes ☐

8. Have you been in a vehicle crash since your last licence examination?

No ☐ Yes ☐

If Yes, please give details:

Privacy Statement: The information you provide on this form is being collected to assess your compliance with the required medical standards. The information may be used by the Road Transport Authority for the purpose of any of its statutory functions. The lawful authority for collecting this information is the *Road Transport (Driver Licensing) Regulation 2000*. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies; transport authorities in those jurisdictions; and government agencies authorised by law. The information may also be disclosed to medical professionals and driving assessors only as is needed to assess your ability to drive safely.

Applicant's declaration (in presence of health professional)

I, (Print name in full) certify that to the best of my knowledge

the above information supplied by me is true and correct; and I consent to Doctor

releasing medical information to the Road Transport Authority or a medical practitioner nominated by the Road Transport Authority, in order to assess my medical eligibility for a commercial vehicle driver licence.

Signature

Date

1. Cardiovascular System:

1.1 Blood pressure (repeat if necessary)

Systolic mm Hg mm Hg

Diastolic mm Hg mm Hg

1.2 Pulse Rate Regular ☐ Irregular ☐

1.3 Heart Sounds Normal ☐ Abnormal ☐

1.4 Peripheral pulses Normal ☐ Abnormal ☐

2. Chest / Lungs: Normal ☐ Abnormal ☐

3. Abdomen (liver): Normal ☐ Abnormal ☐

4. Neurological / Locomotor:

4.1 Cervical Spine Rotation Normal ☐ Abnormal ☐

4.2 Back Movement Normal ☐ Abnormal ☐

4.3 Upper Limbs

 (a) Appearance Normal ☐ Abnormal ☐

 (b) Joint movements Normal ☐ Abnormal ☐

4.4 Lower Limbs

 (a) Appearance Normal ☐ Abnormal ☐

 (b) Joint movements Normal ☐ Abnormal ☐

4.5 Reflexes Normal ☐ Abnormal ☐

4.6 Romberg's sign* Normal ☐ Abnormal ☐

*A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds.

5. Vision:

5.1 Visual Acuity

Uncorrected			Corrected		
R	L	Both	R	L	Both
6 /	6 /	6 /	6 /	6 /	6 /

5.2 Visual Fields Normal ☐ Abnormal ☐

 (Confrontation to each eye)

6. Hearing Normal ☐ Abnormal ☐

7. Urinalysis

7.1 Protein Normal ☐ Abnormal ☐

7.2 Glucose Normal ☐ Abnormal ☐

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Medical Examination of Commercial Vehicle Driver Licence

Please find enclosed your medical form to be completed by you and the doctor in order to maintain a valid commercial vehicle licence. Medical assessments are valid for six months from the date of issue.

The medical standards set out in 'Assessing Fitness to Drive' act as a guide for medical practitioners in providing expert advice when carrying out driver fitness checks on behalf of driver licensing authorities.

The standards (and medical form) were developed in conjunction with a range of medical organisations on behalf of the National Transport Commission (NTC) and Austroads and have been endorsed as the national standards for commercial vehicle drivers.

In accordance with the ACT's commitment to national road safety initiatives, these standards apply to all drivers of public buses, taxis, rideshare cars, hire cars, restricted hire cars, riders of hire car motorcycles, accredited driving instructors, and heavy vehicles over 8 tonne GVM.

All medical practitioners in the ACT have been issued the medical standards. The assumed and preferred role of the examining doctor is to advise whether the criteria for driving a commercial vehicle are met. The ultimate decision as to whether a person applying for or retaining a commercial vehicle licence, is a matter for the Road Transport Authority.

Please follow the instructions on the medical form and arrange an appointment with your own doctor as required. If you **pass** the medical examination, the examining doctor will return the completed Commercial Driver's Health Assessment **to you**, and it should be forwarded to Access Canberra Transport Licensing immediately. Failure to do so may result in your commercial licence being cancelled. Access Canberra Transport Licensing does not acknowledge the return of medical assessment reports. If there is a problem with the report or the report is not received by the due date, you will be contacted.

The completed Commercial Driver's Health Assessment can be submitted to the relevant business unit listed on the front page.

Payment

The licence applicant is responsible for payment of the medical examination fee.

The Australian Taxation Office has advised that a tax deduction may be allowable for a medical expense that is sufficiently linked to a particular vocation. On this basis the cost of the examination may be claimed as a work related expense. For more information please contact the Australian Taxation Office.