

Important information

This form will be required to be completed if the General Practitioner is recommending you may meet the criteria for a conditional authority. This information is being collected in order to determine your fitness to drive a public passenger vehicle in accordance with the provisions of the *Passenger Transport Act 1990 and Regulation*.

If Roads and Maritime Services and/or Transport for NSW (TfNSW) 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 and/or TfNSW office. Roads and Maritime and/or TfNSW may disclose any health information received to another medical practitioner.

Part A - Driver Details - to be completed by driver / applicant

Surname (family name)

Given names

Sex Male
Female

Date of birth

| | | | | |
|-----|---|-------|---|------|
| day | / | month | / | year |
|-----|---|-------|---|------|

Residential address (PO box not accepted)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Contact phone number

Driver licence number

Authority number

Authority type Bus Taxi Motorcycle
Private Hire vehicle 4WD **Driver / applicant declaration**

I consent to my medical practitioner providing my health information to Roads and Maritime and/or TfNSW, or to a medical practitioner nominated by Roads and Maritime Services and/or TfNSW. Further, I give authority to Roads and Maritime Services and/or TfNSW 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) 2012*.

Signature

Date

| | | | | |
|-----|---|-------|---|------|
| day | / | month | / | year |
|-----|---|-------|---|------|

Part B - Referring Doctor Details to be completed by referring doctor

Medical Practitioner name

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Practice address (PO box not accepted)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Postcode

Telephone number

Fax number

Reason for referral (patient condition/s)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Medical Practitioner Signature

Date

| | | | | |
|-----|---|-------|---|------|
| day | / | month | / | year |
|-----|---|-------|---|------|

Part C - Specialist Summary to be completed by Specialist Medical Practitioner (full details to be completed on page 2)**The driver (applicant) detailed in Part A:**

- Meets the criteria for an unconditional driver authority
 Meets the criteria for a conditional driver authority
I recommend future review: Yearly
in _____ Months
in _____ Years
 Does not meet the criteria for a conditional driver authority (as per AFTD March 2012)

Specialist Medical Practitioner signature

Date

| | | | | |
|-----|---|-------|---|------|
| day | / | month | / | year |
|-----|---|-------|---|------|

continued page 2

Medical Specialist Assessment Report Form continued

Part D - Specialist Report to be completed by Specialist Medical Practitioner

Name of Specialist Medical Practitioner

Speciality

Qualifications

AHPRA number

Practice address (*PO box not accepted*)

Postcode

Telephone number

Fax number

Specialist Medical Practitioner signature

Date

day / month / year

Further pages attached

Specialist Opinion (*attached further pages if more space is required*)

Note: Please refer to the relevant section of the national standard applied to commercial drivers (available on the website www.austroads.com.au) and frame your opinion in terms of the criteria detailed.

Part E - Lodgement Details

By email: Scan this form and email to licensing@transport.nsw.gov.au

By fax: 02 9689 8813

By mail: Enrolment Processing Unit
Locked Bag 5085,
Parramatta NSW 2124

By hand: Level 4,
16 - 18 Wentworth Street
Parramatta NSW 2150

Enquiries: 02 9689 8888