

MEDICAL REPORT AND CERTIFICATE

Guidance Notes

1. To qualify for subsidised travel to school a student must reside further than a prescribed distance from the school attended. This form is to be completed when seeking exemption from the distance criteria on health grounds.
2. Subsidised travel may be approved either as a temporary travel pass for use on public transport (bus, rail or ferry) or in some cases, for a private vehicle conveyance subsidy. Please indicate which in the tick box below.
3. Part A of this form is to be completed by the student's parent or guardian.
4. Part B is to be completed by a registered medical practitioner who is familiar with the student's medical condition.
5. A General Practitioner report is sufficient for a first application. A Specialist report is required for any subsequent application.
6. The completed form is to be returned to the relevant Transport NSW office (see addresses overleaf).
7. Transport NSW may contact the student's doctor(s) and/or school to obtain additional information relevant to the application or may refer the application for an independent medical assessment of your child's condition.
8. Transport NSW will approve a student's eligibility for a specified period only. Parents/guardians must apply for a renewal to extend the student's eligibility past the specified period.

PART A – Student's details This application relates to (tick one) ☐ SSTS ☐ PVC

To be completed by the student's parent or guardian

- Type of Application (tick one) ☐ **New** I am applying for subsidised travel for my child on medical grounds for the first time.
- ☐ **Renewal** An application previously approved on medical grounds has expired and I am now seeking a further exemption.

<div></div>	<div></div>
Student's Family Name (surname)	Given Name (first name)

Home Address

<div></div>	<div></div>	<div></div> / <div></div> / <div></div>
Suburb / Town	Postcode	Date of Birth (dd/mm/yyyy)

<div></div>	<div></div>
Home Phone Number	Mobile Number (parent/guardian)

<div></div>	<div></div>	<div></div> Kms
Class Year (K - 12)	Name of Transport Operator(s) for this Application	Distance from home to school (one way, by most direct route)

School

<div></div>	<div></div>
School Address	Postcode

PRIVACY OF PERSONAL AND MEDICAL INFORMATION

The information you and your doctor provide will be treated in accordance with the New South Wales Privacy and Personal Information Protection Act 1998 and the NSW Health Records and Information Privacy Act 2002.

The information provided is collected and stored electronically with restricted access to comply with Government record keeping regulations.

The information is held by Transport NSW and is used to approve or decline subsidised travel on medical grounds.

Medical information supplied will only be disclosed to our contracted medical adviser and/or the school attended for the purpose of assessing your child's eligibility for the Scheme or as required by law.

You may at any time arrange to review and correct your personal and/or medical information held by Transport NSW by contacting the Privacy Officer on 02 9268 2800.

DECLARATION (consent)

I consent to my child's treating medical practitioner/s providing information relevant to this application to Transport NSW or to a Medical officer nominated by Transport NSW to enable the assessment of my child's condition.

<div></div>	<div>X</div>	<div></div>
Name of Parent or Guardian (print)	Signature of Parent or Guardian	Date

Part B, overleaf, is to be completed by a medical practitioner →

PART B – Practitioner details and medical assessment

To be completed by the treating general practitioner or specialist medical practitioner

<input type="text"/>		<input type="text"/>		<input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist Field you specialise in: <input type="text"/>
Name of Practitioner		Qualifications		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Practice Telephone	Mobile	Provider Number		
<input type="text"/>				<input type="text"/>
Practice Address or Stamp				Postcode

PRACTITIONER CERTIFICATION AND REPORT

I certify that I assessed (insert name) on (insert date)
in relation to an application for subsidised transport to/from school.

I have attended this patient for a period of (approximately) (years) (months) **OR** ☐ today only.

My opinion is as follows:

DIAGNOSIS & TREATMENT (brief summary only)

PROGNOSIS (short to longer term)

EFFECTS (describe how your patient's condition might be affected by walking to/from school, or whether his/her condition might adversely affect his/her health on the journey, or why he/she would not be fit to use public transport)

DURATION

(estimate period for which subsidised transport is likely to be required in months/years)

Months

Years

RECOMMENDATION – Based on my assessment, I recommend my patient be considered for either (tick one only).

☐ **A temporary travel pass for use on public transport for a period of:**

Months

Years

OR

☐ **A Private Vehicle Conveyance Subsidy** (where you consider your patient unfit to use public transport) **for a period of:**

Months

Years

Signature of Practitioner

X

Date



Transport

Parramatta Office Sydney Region

Locked Bag 5085 Parramatta NSW 2124
L5, 16-18 Wentworth St Parramatta NSW 2150

Telephone: 02 9891 8900
Facsimile: 02 9891 8985
Toll free: 1800 010 123

Newcastle Office Northern Region

PO Box 871 Newcastle NSW 2300
239 King St Newcastle NSW 2300

Telephone: 02 4929 7006
Facsimile: 02 4929 6288
Toll free: 1800 049 983

Wollongong Office Southern Region

PO Box 5215 Wollongong NSW 2500
L6, 221-229 Crown St Wollongong NSW 2500

Telephone: 02 4224 3333
Facsimile: 02 4226 4117
Toll free: 1800 049 961