Medical Assessment Instructions

The Department of Transport has a legal responsibility to ensure that all drivers have the appropriate skills and abilities, and are medically fit to drive a vehicle. To meet this responsibility, legislation provides the Department of Transport the authority to request any driver's licence holder or applicant to provide medical evidence of their suitability to drive and/or undergo a driving assessment. Payment for the medical examination is the responsibility of the licence holder/applicant.

To the Driver/Applicant

1. Make an appointment with your health professional.
   - As the examination may take longer than a routine consultation, you should advise that your appointment is for a driving medical assessment.
2. Complete the Patient Questionnaire on page 2.
3. Complete your personal details on the Medical Assessment Certificate and:
   - Circle the class/es of vehicle you are currently authorised to drive or are proposing to drive.

   If you are completing a **'Medical Assessment Certificate Fitness to Drive' (M107A**):

   - Sign the consent to release information at the top right hand of the page.

   OR

   If you are completing a **'Medical Assessment Certificate Seniors driver's licence renewal declaration' (M108A):**

   - Complete the driving history, medical questions and sign the consent to release information at the bottom of the page.
4. Take the completed Patient Questionnaire and the Medical Assessment Certificate to the appointment with your health professional.
   - If you wear spectacles, hearing aids etc, please take them to the examination.
   - Please have a list of the names and dosages of your medications to show the health professional when you attend your appointment.
   - If the medical report has been requested for a particular reason, you should let your health professional know.
   - Let your health professional know if you are authorised or applying to drive a heavy vehicle, driving instructor's licence or an extension T (Taxi) or F (Bus – Hire and Reward). The medical requirements for holders of such licences are more stringent and classified as commercial.

On completion of the examination the health professional will forward the medical assessment certificate to the Department of Transport.

For further information please contact 13 11 56.

To the Health Professional

- The examination must be conducted in accordance with the national medical standards described in **Assessing Fitness to Drive**. This publication is available online at www.austroads.com.au/. It details the examination process and provides an examination proforma to guide you.
- Distribute the completed certificate as follows:
  - **Provide your comments on the original Certificate** (together with additional information relevant to the patient's fitness to drive) to:

    Email - driver.assessment@transport.wa.gov.au

    Post - **Occupational Health Physician**
    C/O Department of Transport
    GPO Box R1290
    PERTH WA 6844
    Please mark as **'Confidential'**.
  - Retain a copy for the patient's medical record together with detailed examination notes.
  - Information not relevant to the patient's fitness to drive should not be forwarded to the Department of Transport.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact the Department of Transport on 1300 852 722.
- Indemnity - State or Territory legislation provides legal indemnity to practitioners who conduct an examination and provide Driver Licensing Authorities with an opinion on the basis of that examination.
- Criminal Liability & Insurance – Health professionals 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 health professionals and may reasonably expect health professionals to comply with the national medical standards.

Last updated: 23/02/2016

Patient Questionnaire

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your health professional what it means.

	No	Yes
1. Are you currently being treated by a health professional for any illness or injury?	☐	☐
2. Are you receiving any medical treatment or taking any medication (either prescribed or otherwise)? (Please take a list of your medications and dosages with you to show the health professional)	☐	☐

3. Have you ever had, or been told by a health professional that you have, any of the following?

	No	Yes
3.1 High blood pressure	☐	☐
3.2 Heart disease	☐	☐
3.3 Chest pain, angina	☐	☐
3.4 Any condition requiring heart surgery	☐	☐
3.5 Palpitations/irregular heartbeat	☐	☐
3.6 Abnormal shortness of breath	☐	☐
3.7 Head injury, spinal injury	☐	☐
3.8 Seizures, fits, convulsions, epilepsy	☐	☐
3.9 Blackouts, fainting	☐	☐
3.10 Stroke	☐	☐
3.11 Dizziness, vertigo, problems with balance	☐	☐
3.12 Double vision, difficulty seeing	☐	☐
3.13 Colour blindness	☐	☐
3.14 Kidney disease	☐	☐
3.15 Diabetes	☐	☐
3.16 Neck, back or limb disorders	☐	☐
3.17 a Psychiatric illness, or nervous disorder?	☐	☐
3.18 Hearing loss or deafness or had an ear operation or use a hearing aid	☐	☐
3.19 Do you have difficulty hearing people on the telephone (including use of hearing aid if worn)?	☐	☐
3.20 Any other serious injury, illness, operation, or been in hospital for any reason?	☐	☐

	No	Yes
4.1 Have you ever had, or been told by a health professional that you have a sleep disorder, sleep apnoea, or narcolepsy?	☐	☐
4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?	☐	☐

5.0 Please tick the answer that is correct for you:
How often do you have a drink that contains alcohol?

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

	No	Yes
6.0 Do you use illicit drugs?	☐	☐
7.0 Do you use any drugs or medications not prescribed for you by a health professional?	☐	☐
8.0 Have you been in a vehicle crash since your last Fitness to Drive assessment?	☐	☐

If Yes, please give details:

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____

Applicant's Declaration (in presence of health professional):

I, ____

(FAMILY NAME) (GIVEN NAME)

certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: ________________________ Date: ______ | ______ | ______

IMPORTANT
For privacy reasons, the completed Patient Questionnaire must not be returned to the DoT. Medical information relevant to driver licensing should be included on the Medical Assessment Certificate.