



Commercial Driver's Health Assessment

CONFIDENTIAL

Applicants for the following licences are required to undergo an initial medical examination by their General Practitioner (GP) and/or appropriate specialist prior to the issue of the licence:

- 'T' - Taxi
- 'O' - Public Bus
- 'H' - Private Hire Car
- Heavy Vehicle Assessors
- 'W' - Restricted Hire Car
- 'M' - Hire Car Motorcycle
- 'D' - Rideshare
- Accredited Driving Instructors

Holders of these licences 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. Holders of an 'O' condition must also undergo an annual examination by a GP. Please note, certain medical conditions may alter the timeframes above or require a specialist report.

Applicants for the following Heavy Vehicle Driver Licences are required to complete a Commercial Driver's Health Assessment prior to issue/upgrade:

- MR - Medium Rigid
- HR - Heavy Rigid
- HC - Heavy Combination
- MC - Multi Combination

You are required under section 78 of the *Road Transport (Driver Licensing) Regulation 2000* to undergo a medical examination in accordance with the medical standards set out in 'Assessing Fitness to Drive'. If the completed Health Assessment is not returned by the medical due date, the public vehicle licence and heavy vehicle licence may 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 Director, 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, please phone Access Canberra on 13 22 81.

Please place an in the corresponding box that is applicable to your application.

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Hire Car | <input type="checkbox"/> Taxi | Mail: Access Canberra
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 | Email: rusmedicals@act.gov.au |
| <input type="checkbox"/> Heavy Vehicles over 8t GVM (MR class or above) | | |

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;
- Bring spectacles, hearing aids etc. if required; and
- Supply the examining doctor with any relevant documentation.

The examining doctor must:

- Conduct this assessment in line with the standards in 'Assessing Fitness to Drive';
- Review Section 1 with the applicant, and comment on any abnormality;
- Complete Section 2 on page iv and the Opinion Certificate on page i; and
- Return completed and signed copy of this form to the applicant.

Medical assessments are valid for six months from the date of examination.

Licence holder / Applicant 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

<input type="checkbox"/> Treating general practitioner	<input type="checkbox"/> Treating specialist	
Name of examining doctor (please print or stamp)	Signature	Date of examination
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Contact number
<input type="text"/>		<input type="text"/>

Medications - Medical practitioner to complete

Is the person on any medication that would adversely affect their ability to drive?

No Yes Type/s: _____

Medical opinion - Medical practitioner to complete

I certify that I have examined this person in accordance with the medical standards set out in 'Assessing Fitness to Drive'. In my opinion the person:

Medical opinion

<input type="checkbox"/> Meets the relevant medical criteria for an unconditional licence.
<input type="checkbox"/> Does not meet the medical criteria to hold any class of licence.
<input type="checkbox"/> Meets the medical criteria for a conditional licence with the following conditions / restrictions.
<input type="text"/>
<input type="checkbox"/> Should be referred to a specialist. Specialist type: _____
Is the person fit to drive pending the specialist report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for assessment: _____
<input type="checkbox"/> Should be referred for an assessment from the Fitness to Drive Medical Unit (multiple medical conditions or a complex medical condition).
Is the person fit to drive pending the Fitness to Drive Medical Unit assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for assessment: _____
<input type="checkbox"/> Should be referred to a practical driving assessment and/or occupational therapist assessment.
Is the person fit to drive pending the outcome of the assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for assessment: _____
<input type="checkbox"/> Changes to medical monitoring requirements.
Please include detailed report.

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.

	Yes	No
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 have 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"/>
<hr/>		
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.

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

- 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, friend, 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? Yes No
7. Do you use any drugs or medications not prescribed for you by a doctor? Yes No
8. Have you been in a vehicle crash since your last licence examination? Yes No
- If yes, please give details:

Privacy Statement: The personal information on this form is being collected by Access Canberra (part of the Chief Minister, Treasury and Economic Development Directorate) for driver licensing purposes as authorised by the *Road Transport (Driver Licensing) Act 1999*. The information may be used for the administration of driver licensing and vehicle registration legislation and enforcement. Access Canberra will include your information in its "one client record" so that it can be used in respect of any other dealings that you might have with Access Canberra. Information about your identity, which forms part of your one client record, will also be used for administrative purposes, including to confirm that we are dealing with the correct individual. Your personal information may be disclosed to other ACT Government Directorates, Commonwealth, State and other Territory government agencies, transport authorities, law enforcement and court agencies, authorised by law; the Motor Accident Injuries Commission; authorised printing and mailing service providers; Austroads Ltd; the National Heavy Vehicle Regulator; the National Capital Authority and individuals, their agents or insurers following a report provided to the police of a motor vehicle accident. Personal information and health information related to the assessment of your compliance with the required medical standards may also be disclosed to medical professionals and driving assessors when required to assess your ability to drive safely. Access Canberra is authorised to retain a digital copy of your photograph and signature under Part 4 of the *Road Transport (Driver Licensing) Act 1999*. Retained images may be used to assist in addressing identity fraud and disclosed to law enforcement and court agencies, interstate road authorities, or when authorised by law. If you choose not to provide the personal information requested on this form, we may not be able to process your request. Personal information for this application is not normally disclosed to overseas recipients unless required by law. Personal information provided is used or disclosed for the purpose for which it has been provided. Personal information is held and managed in accordance with the *Information Privacy Act 2014*, and in the case of personal health information, the *Health Records (Privacy and Access Act) 1997*.

Applicant's declaration (in presence of a 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 Dr. releasing medical information to Access Canberra or a medical practitioner nominated by Access Canberra, in order to assess my medical eligibility for a commercial vehicle driver licence.

Signature Date

Medical examination of Commercial Vehicle Driver Licence

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, heavy vehicles over 8 tonne GVM, and riders of hire car motorcycles, accredited driving instructors and heavy vehicle assessors.

All medical practitioners can access these standards at www.austroads.com.au. The role of the medical practitioner is to advise whether the criteria for driving a commercial vehicle are met. The ultimate decision as to whether a person can be granted or retain a commercial vehicle licence is a matter for Access Canberra.

The completed Commercial Driver's Health Assessment should 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.