



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.

DRIVER/APPLICANT INSTRUCTIONS

- 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.
- Complete the Patient Questionnaire section.
- Complete your personal details on the Medical Assessment Certificate and circle the authorisation/extensions you are proposing to drive and/or retain.
- 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.
- If you are completing a '**Medical Assessment Certificate Senior 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.
- 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 applying to hold, or already hold, a heavy vehicle driver's licence, a driving instructor's licence, or a Passenger Transport Driver authorisation. You will need to be assessed against the national medical standards for commercial vehicle drivers which is more stringent than private standards.

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.

HEALTH PROFESSIONAL INSTRUCTIONS

The examination must be conducted in accordance with the current national medical standards described in the Austroads publication - **Assessing Fitness to Drive**. This publication is available online at www.austroads.com.au and details the examination process and provides an examination proforma to guide you.

For privacy reasons these Medical Assessment Instructions must not be returned to DoT. Medical information relevant to the driver licensing should be included on the Medical Assessment Certificate. The Medical Assessment Certificate and any other information relevant to the patient's fitness to drive must be returned to the Department of Transport by the medical professional or the patient via:

- Email:** driverservices@transport.wa.gov.au;
- Electronic Medical Assessment:** via Medical Director software or United Health Group MedEBridge; or
- Post:** Department of Transport,
GPO Box R1290,
PERTH WA 6844
Please mark as 'Confidential'.

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.

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.

		YES	NO
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)?		
3	Have you ever had, or been told by a health professional that you have, any of the following?		
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 have you been in hospital for any reason?		
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?		

Patient Questionnaire continued over page.

PATIENT QUESTIONNAIRE CONTINUED

YES NO

5	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		
6	Do you use illicit drugs?		
7	Do you use any drugs or medications not prescribed for you by a health professional?		
8	Have you been in a vehicle crash since your last Fitness to Drive assessment? If Yes, please give details:		

APPLICANT DECLARATION

FAMILY NAME

I,

FIRST NAME

declare that the information on this form is true and correct. I understand that under the provisions of the *Road Traffic (Administration) Act 2008* and the *Road (Passenger Transport Services) Act 2018*, it is an offence to provide false or misleading information.

DATE

/ /

DRIVER/APPLICANT SIGNATURE

IMPORTANT

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

Your personal driver's licence information may be used, or disclosed to a third party, where authorised under 'road law' (as defined in the *Road Traffic (Administration) Act 2008*), the *Road (Passenger Transport Services) Act 2018*, Commonwealth law or in compliance with a Court Order issued within Australia. Your personal details may also be disclosed to other driver licensing authorities to assess your application or verify any information you have provided.

DoTDirect

DoTDirect is a suite of applications and tools that are designed to make your life easier by letting you do certain licencing transactions online.

Whether you are renewing your licence or checking your demerit points, DoTDirect is quick and easy to use wherever you are, leaving you more time to do whatever it is you like to do.

Save time pay online

www.transport.wa.gov.au/dotdirect