



# Medical Specialist Assessment Form Commercial/Public Passenger Vehicle Driver

## 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 2014* and *Passenger Transport (General) Regulations 2017*.

If Roads and Maritime Services 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 Roads and Maritime. Roads and Maritime 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

Residential address (PO box not accepted)

  
  
 Postcode

Contact phone number

Driver licence number

Authority number

Authority type

Bus

Small Vehicle Service

#### Driver / applicant declaration

I consent to my medical practitioner providing my health information to Roads and Maritime, or to a medical practitioner nominated by Roads and Maritime Services. Further, I give authority to Roads and Maritime Services 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) 2016*.

Signature

Date

### Part B – Referring Doctor Details to be completed by referring doctor

Medical Practitioner name

  


Practice address (PO box not accepted)

  
 Postcode

Telephone number

Fax number

Reason for referral (patient condition/s)

  
  
  


Medical Practitioner Signature

Date

### 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 October 2016)

Specialist Medical Practitioner signature

Date

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#### Send completed form to:

**Note:** If you wish to return the medical report to Roads and Maritime on behalf of the patient, please email to [DA.Medicals@rms.nsw.gov.au](mailto:DA.Medicals@rms.nsw.gov.au).

Licence Review Unit  
Locked Bag 14  
Grafton NSW 2460

[www.rms.nsw.gov.au](http://www.rms.nsw.gov.au) | T 13 77 88 | E [DA.Medicals@rms.nsw.gov.au](mailto:DA.Medicals@rms.nsw.gov.au)

# Medical Specialist Assessment Report Form continued

## Part D – Specialist Report to be completed by Specialist Medical Practitioner

Name of Specialist Medical Practitioner

  

Practice address (*PO box not accepted*)

  

Speciality

Telephone number

Fax number

Qualifications

Specialist Medical Practitioner signature

AHPRA number

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](http://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 [DA.Medicals@rms.nsw.gov.au](mailto:DA.Medicals@rms.nsw.gov.au)

**By mail:** Licence Review Unit  
Locked Bag 14, Grafton NSW 2460

**Enquiries:** 13 77 88