



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 Transport for NSW 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 Transport for NSW. Transport for NSW 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)

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 Transport for NSW, or to a medical practitioner nominated by Transport for NSW. Further, I give authority to Transport for NSW 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)

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 Transport for NSW on behalf of the patient, please email to da.medicals@transport.nsw.gov.au.

Licence Review Unit
Locked Bag 14
Grafton NSW 2460

roads-waterways.transport.nsw.gov.au | T 13 22 13 | E da.medicals@transport.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) and frame your opinion in terms of the criteria detailed.

Part E – Lodgement Details

By email: Scan this form and email to da.medicals@transport.nsw.gov.au

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

Enquiries: 13 22 13

OFFICIAL: Sensitive – Health Information (when completed)