

Dangerous goods licence medical certificate

Important notes for the medical practitioner

- This applicant must be assessed against the standards in Assessing Fitness to Drive Medical Standards for Commercial and Private Vehicle Drivers Fourth Edition 2012.
- This certificate should be consistent with medical conditions endorsed on other licences the applicant holds as a result of
 assessment against the standards in Assessing Fitness to Drive Medical Standards for Commercial and Private Vehicle
 Drivers. This includes other dangerous goods licences and the applicant's motor driver licence.
- You should recommend conditions consistent with any currently endorsed on any of the above licences held by the applicant.
- Alternatively you may confirm the applicant has recovered from a previously noted condition by ticking box No. 3 and provide relevant information.
- Department of Mines and Petroleum may seek clarification where a certificate is inconsistent with previous medical advice.

Applicant's details

Family name		Given name(s)	
Date of birth		Were you familiar with the applicant's medical history prior to this examination? Yes No	
Medical assessment (please tick only ONE box from 1-4)			
1.	Meets the medical criteria for an unconditional licence.		
2.	Does not meet the medical criteria for an unconditional licence but may be suitable for a conditional licence. Please recommend conditions to be applied to the licence and period of review (if required). (If insufficient space, continue on the reverse of this certificate and sign both sides)		
	Recommended review period 3 months 6 months 0 Annual 0 Other		
3.	3. Previously held a conditional licence but condition has now improved and meets the criteria for an unconditional licen Please provide relevant information.		
	(If insufficient space, continue on the reverse of this co	ertificate and sign both sides)	
4. Does not meet the medical criteria. Please provide relevant information. (If insufficient space, continue on the reverse of this certificate and sign both sides)		evant information.	
		ertificate and sign both sides)	
Medical practitioner's certification			
I certify that I have examined the above mentioned applicant in accordance with the relevant national medical standards as set out in the publication Assessing Fitness to Drive – Medical Standards for Commercial and Private Vehicle Drivers.			
Name of medical practitioner:			
Practice address:			
Practice email address:			
Phone: Fax:		Medical practitioner's stamp	
Medical practitioner's signature:			
Date of assessment:			

Telephone: 08 9358 8001

Additional space provided for medical practitioner to complete Please tick ($\sqrt{}$) box applicable to the additional information Q2. Does not meet the medical criteria for an unconditional licence but may be suitable for a conditional licence. Q3. Previously on conditional licence but condition has now improved and meets the criteria for an unconditional licence. Q4. Does not meet the medical criteria. Medical practitioner's signature: Medical practitioner's stamp Date