

### 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 1990 and Regulation*.

If Roads and Maritime Services and/or Transport for NSW (TfNSW) 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 the appropriate Roads and Maritime and/or TfNSW office. Roads and Maritime and/or TfNSW 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  Taxi  Motorcycle   
Private Hire vehicle  4WD

#### Driver / applicant declaration

I consent to my medical practitioner providing my health information to Roads and Maritime and/or TfNSW, or to a medical practitioner nominated by Roads and Maritime Services and/or TfNSW. Further, I give authority to Roads and Maritime Services and/or TfNSW 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) 2012*.

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 March 2012)

Specialist Medical Practitioner signature

Date

*continued page 2*

# Medical Specialist Assessment Report Form continued

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

Name of Specialist Medical Practitioner

  

Speciality

Qualifications

AHPRA number

Practice address (PO box not accepted)

  

Postcode

Telephone number

Fax number

Specialist Medical Practitioner signature

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 [licensing@transport.nsw.gov.au](mailto:licensing@transport.nsw.gov.au)

**By fax:** 02 9689 8813

**By mail:** Enrolment Processing Unit  
Locked Bag 5085,  
Parramatta NSW 2124

**By hand:** Level 4,  
16 - 18 Wentworth Street  
Parramatta NSW 2150

**Enquiries:** 02 9689 8888