CERTIFICATE OF FITNESS - HEAVY VEHICLE (COMMERCIAL) DRIVERS

APPLICANT'S DECLARATION

I declare that to the best of my knowledge the information regarding my medical background is true and correct and that I have made the examining medical practitioner aware of any medical condition that I have and drugs or medication that I use.

I consent to my medical practitioner and/or treating specialist releasing to the Department of Planning, Transport and Infrastructure any medical information relating to my ability to drive safely.

Applicant's signature (in presence of Medical Practitioner)

A person must not, in providing information, make a statement that is false or misleading. Penalties apply.

SECTION 1: APPLICANT DETAILS (patient to complete in BLOCK letters)

Reason for having a medical assessment (if more than one reason tick box for each reason)

- [ ] you are aged 70 years or more
- [ ] you have a medical condition that may affect your ability to drive safely
- [ ] you are taking prescribed medication that may affect your ability to drive safely
- [ ] you have been required to by the Registrar of Motor Vehicles
- [ ] you are an applicant for or a holder of a Motor Driving Instructor's licence

What to do with the completed medical assessment

- [ ] Return to GPO Box 1533, Adelaide 5001 or any Service SA Customer Service Centre
- [ ] Enquiries: 13 10 84

SECTION 4: MEDICAL PRACTITIONER'S DECLARATION

Under section 148 of the Motor Vehicles Act 1959 you have a legal obligation to inform the Registrar of Motor Vehicles if you have reasonable cause to believe that the patient is suffering from a physical or mental illness, disability or deficiency that is likely to endanger the public if the patient drives a motor vehicle.

If you consider it prudent or necessary you may recommend that the patient undertakes a practical driving assessment. This is irrespective of the patient's age or driver's licence class. If you consider that the patient may be unfit to drive, you are requested to immediately return the completed certificate to Locked Bag 700, Adelaide SA 5001. It is recommended that you keep a copy for your own records. Patients who hold a licence other than a "car" licence are required to undergo a practical driving assessment at age 85 and every year thereafter.

MEDICAL PRACTITIONER'S DECLARATION (to be completed by Medical Practitioner)

(Date of Examination) (Patient's name)

I certify that I personally examined the abovementioned patient in accordance with the relevant National Medical Standards as set out in the "Assessing Fitness to Drive 2012" guidelines and have discussed with the patient all answers in section 2 of this Certificate of Fitness.

In my opinion the person who is the subject of this report:

- [ ] Meets the relevant medical standard
- [ ] If no, please provide details below:

Assessment

- [ ] Requires practical driving test
- [ ] If no, does the person meet the standards for a light vehicle licence?

Do you recommend conditions be placed on the licence? Yes No

If yes, please provide details below:

CLINICAL EXAMINATION (important notes for the medical practitioner)

In accordance with the Motor Vehicle Act 1959, the medical practitioner is required to determine if the person meets the medical standards contained in the National Transport Commission's publication "Assessing Fitness to Drive for Private and Commercial Vehicle Drivers". The examining medical practitioner should:

- refer to commercial standards contained in Assessing Fitness to Drive guidelines.
- review Section 2: Patient Questionnaire with the applicant;
- state medication taken, dosages and frequency;
- comment on patient's control of any conditions and compliance with any medication regimes;
- Part 11 (Vision) of Section 3 must be completed in all cases.

The "Assessing Fitness to Drive" guidelines are available from Austroads at www.austroads.com.au

The medical practitioner will be guided by findings in the questionnaire at Section 2 or a referral letter and may apply appropriate tests other than those outlined below, e.g. Mini Mental State or equivalent for cognitive conditions. The medical practitioner must consider the patient's driving task.
### SECTION 2: PATIENT QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Are you currently being treated by a medical practitioner for any illness or injury?</td>
<td></td>
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<tr>
<td>2. Have you consulted any other medical practitioner within the last 12 months?</td>
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<tr>
<td>3. Are you receiving any medical treatment or taking any medication (Either prescribed or otherwise)? If Yes to question 1 or 2 please provide details, including the name of medical practitioner or treating specialist</td>
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<td>4. Have you ever had, or been told by a medical practitioner that you had, any of the following:</td>
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<tr>
<td>4.1 High blood pressure</td>
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<td>4.2 A blood pressure reading of 170/100 or higher (treated or untreated)</td>
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<td>4.3 Heart disease</td>
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<td>4.4 Chest pain, Angina</td>
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<td>4.5 Any conditions requiring heart surgery</td>
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<td>4.6 Palpitations/Irregular heartbeat</td>
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<td>4.7 Abnormal shortness of breath</td>
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<td>4.8 Head injury, Spinal injury</td>
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<td>4.9 Seizures, Fits, Convulsions, Epilepsy</td>
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<td>4.10 Blackouts, Fainting</td>
<td></td>
<td></td>
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<tr>
<td>4.11 Stroke</td>
<td></td>
<td></td>
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<tr>
<td>4.12 Neurological disorder</td>
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<td></td>
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<tr>
<td>4.13 Psychiatric illness, nervous disorder</td>
<td></td>
<td></td>
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<tr>
<td>4.14 Dizziness, vertigo, problems with balance</td>
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<td>4.15 Any vision or eye issues or defects</td>
<td></td>
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<tr>
<td>4.16 Diabetes</td>
<td></td>
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<td>4.17 Neck, back or limb disorders</td>
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<td>4.18 Hearing loss or deafness or use a hearing aid</td>
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<tr>
<td>4.19 Have you had any other serious injury, illness, operation or been in hospital for any reason in the last 5 years?</td>
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<tr>
<td>5. Have you ever had, or been told by a medical practitioner that you had a sleep disorder, sleep apnoea or narcolepsy?</td>
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<td>How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?</td>
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<tr>
<td>This refers to your usual way of life in recent times. Even if you haven’t done some of these things recently, try to work out how they would have affected you.</td>
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<thead>
<tr>
<th>Situation</th>
<th>Chance of dozing (0-3)</th>
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<tbody>
<tr>
<td>Sitting and reading</td>
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<tr>
<td>Watching TV</td>
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<tr>
<td>Sitting, inactive in a public place (e.g. a theatre or meeting)</td>
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<tr>
<td>As a passenger in a car for an hour without a break</td>
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<td>Lying down to rest in the afternoon when circumstances permit</td>
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<tr>
<td>Sitting and talking to someone</td>
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<td>Sitting quietly after a lunch without alcohol</td>
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<td>In a car, while stopped for a few minutes in the traffic</td>
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</table>

6. Do you consume alcohol?  
   - No  
   - Yes

7. Have you used illicit drugs in the last 5 years?  
   - No  
   - Yes  
   - If Yes please provide details in Question 8

8. Do you use any drugs or medications not prescribed for you by a medical practitioner?  
   - No  
   - Yes  
   - If Yes please provide details:

9. Have you been in a vehicle crash in the last 5 years?  
   - No  
   - Yes  
   - If Yes please provide details:

10. Does driving form part of your occupation?  
    - No  
    - Yes

If you answered “Yes”, approximately how many hours per day do you drive as part of your occupation?  

[ ] hours

Note: This should include all associated tasks (e.g. vehicle loading/unloading)
### SECTION 2: PATIENT QUESTIONNAIRE

If you haven’t done some of these things recently, try to...

How likely is it that the circumstances will permit...

1. Are you currently being treated by a medical practitioner what it means. They will ask you additional questions during the examination.

2. CARDIOVASCULAR DISEASE

Does the patient have a cardiovascular condition?  
No  Yes

If No, go to Question 3. If Yes, please complete the following.

Please tick the appropriate condition(s):

- Acute Myocardial Infarction
- Coronary Artery Bypass Grafting (CABG)
- Angina
- Dilated Cardiomyopathy
- Angioplasty
- Heart Failure
- Cardiac Aneurysm
- Heart Transplant
- Cardiac Arrest
- Hypertrophic Cardiomyopathy
- Cardiac Pacemaker
- Implantable Cardioverter Defibrillator
- Congenital Heart Disorder
- Other Cardiovascular:

(N.B If patient has an ICD implanted they may not be eligible to hold a commercial class of licence, please refer to national guidelines.)

3. HYPERTENSION

Does the patient have blood pressure consistently greater than 170 systolic or greater than 100 diastolic (treated or untreated)?  
No  Yes

4. DIABETES

Does the patient have diabetes controlled by medication?  
No  Yes

If No, go to Question 5. If Yes, please complete the following.

Diabetes controlled by:  
Insulin  Other

Is the patient compliant with medication?  
No  Yes

Patient experiences early warning symptoms of hypoglycaemia?  
No  Yes

Date of last episode: ____________________

Any end organ effects: please specify: ____________________

5. HEARING LOSS

Does the patient have severe hearing loss?  
No  Yes

Refer to ‘Assessing Fitness to Drive’ publication for definition of ‘severe hearing loss’

(If No, go to Question 6. If Yes, referral is required to an appropriate ENT specialist or audiologist)

6. MUSCULOSKELETAL DISORDER

Does the patient have a musculoskeletal disorder?  
No  Yes

(If No, go to question 7. If Yes, please complete the following.)

Please tick the appropriate condition(s):

- Arthritis
- Other Musculoskeletal Disorders
- Limb

Is the condition likely to affect driving?  
No  Yes

7. NEUROLOGICAL / NEUROMUSCULAR CONDITIONS

Does the patient have a neurological / neuromuscular condition?  
No  Yes

(If No, go to question 8. If Yes, please complete the following.)

Please tick the appropriate condition(s):

- Brain Aneurysm
- Multiple Sclerosis
- Cerebral Palsy
- Muscular Dystrophy
- Dementia
- Parkinson’s Disease
- Epilepsy
- Seizures
- Head Injury
- Space-occupying Lesion (incl brain tumour)
- Intellectual Impairment
- Stroke
- Meniere’s Disease
- Subarachnoid Haemorrhage
- Vertigo
- Other:

### SECTION 3: EXAMINATION REPORT

8. PSYCHIATRIC DISORDER

Does the patient have a mental health/nervous disorder?  
No  Yes

(If No, go to question 9. If Yes, please complete the following.)

Please tick the appropriate condition(s):

- Anxiety Disorder
- Post Traumatic Stress Disorder (PTSD)
- Bipolar Affective Disorder
- Schizophrenia
- Chronic Depression
- Tourette’s Syndrome
- Personality Disorder
- Other:

Does the patient require medication?  
No  Yes

If Yes - is the patient compliant with medication?  
No  Yes

Is the condition likely to affect driving?  
No  Yes

9. SLEEP DISORDER

Does the patient have a sleep disorder?  
No  Yes

(If No, go to question 10. If Yes, please complete the following.)

- Narcolepsy
- Sleep Apnoea
- Other:

(Referral is required to an appropriate specialist for all commercial drivers with a diagnosed Sleep Disorder.)

10. SUBSTANCE MISUSE

Does the patient misuse/abuse alcohol or drugs?  
No  Yes

(If No, go to question 11. If Yes, please complete the following.)

Does the patient abuse alcohol?  
No  Yes

Does the patient use illicit drugs?  
No  Yes

Does the patient misuse prescription drugs?  
No  Yes

Is the patient involved in appropriate treatment program(s)?  
No  Yes

Any end organ effects: (please specify)

11. VISION

Does your patient have a vision or eye disorder?  
No  Yes

If No, please go to visual acuity and binocular visual fields sections

If Yes, Please tick the appropriate condition(s):

- Cataracts
- Macular Degeneration
- Diplopia
- Monocular Vision
- Glaucoma
- Poor Night Vision
- Other:

Is this condition corrected by wearing glasses or contacts?  
No  Yes

Visual acuity

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>Together</th>
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</table>

Uncorrected

With glasses/contacts

Does the patient meet the visual acuity standards specified in Assessing Fitness to Drive?  
No  Yes

Are glasses or contacts required for driving?  
No  Yes

Visual fields:

Does your patient have a visual field defect?  
No  Yes

If Yes - does binocular visual fields meet the required standards specified in ‘Assessing Fitness to Drive’:  
No  Yes

Eye specialist details:

Name:  Date:  
Signature:  Tel No:  

RELEVANT CLINICAL FINDINGS

The medical practitioner must provide full information of any conditions the patient may have and compliance with any medication regime and if further reports are required. Note comments on any relevant findings detected in the questionnaire or examination making reference to the requirements of the standards outlined in the “Assessing Fitness To Drive 2012” guidelines. (Attach a separate sheet if necessary)
SECTION 4: MEDICAL PRACTITIONER’S DECLARATION

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It is recommended that you keep a copy for your own records. Patients who hold a licence other than a “car” licence are required to undergo a practical driving assessment at age 85 and every year thereafter.

MEDICAL PRACTITIONER’S DECLARATION (to be completed by Medical Practitioner)

On_____/_____/_______ I examined ________________________________
(Date of Examination) (Patient’s name)

Date of Birth _____ /___ /_______

I have been treating the patient for_______________ years ______________ months.

I certify that I personally examined the abovementioned patient in accordance with the relevant National Medical Standards as set out in the “Assessing Fitness to Drive 2012” guidelines and have discussed with the patient all answers in section 2 of this Certificate of Fitness.

In my opinion the person who is the subject of this report:

Assessment

Meets the relevant medical standard
Yes ☐ No ☐

If no, please provide details below:

If no, does the person meet the standards for a light vehicle licence? Yes ☐ No ☐

Requires practical driving test
Yes ☐ No ☐

Do you recommend conditions be placed on the licence? Yes ☐ No ☐

If yes, please provide details below:

☐ Further comments on medical condition(s) affecting safe driving are attached.

Medical Practitioner’s signature ____________________________ Date ___ /___ /_______

Medical Practitioner’s name ____________________________ Provider Number

Practice Address

Telephone Number Facsimile Number E-mail Address