Dangerous Goods Drivers Licence – Medical Assessment

This form is to be returned to the patient by the health professional.

Please read detailed instruction for applicant and health professional on the reverse side of this form.

Dangerous Goods Drivers Licence - Medical Assessment

1. Applicant Details

Surname:		Given Names:			
Date of Birth:		Licence No:		State Issued:	
Address:					
Work Number:		Mobile Number:			
Employer Name:					
Address:					

Licence Details

Dangerous Goods Drivers Licence	☐	Dangerous Goods Drivers Licence – Class 1 Explosives	☐
New	☐	Renewal	☐

Assessment of Fitness to Drive Outcome – to be completed by a health professional

I have examined the driver in accordance with *Assessing Fitness to Drive 2012* standards for commercial vehicle drivers, and in my opinion the driver (tick **ONE** box from 1 to 4 and indicate recommended management):

1. ☐ **Unconditionally meets the medical criteria for fitness to drive.**

Meets all relevant medical criteria. No restrictions or conditions. See recommended date of next review below.

2. ☐ **Conditionally meets the medical criteria for fitness to drive.**

Has a medical condition that may impact on fitness to drive, but it is well controlled and meets the **conditional** criteria in *Assessing Fitness to Drive 2012*. May require person to be more frequently reviewed than prescribed under normal periodic review. See recommended date of next review below.

Note: that a conditional licence will not be issued unless adequate supporting information is provided by the examining health professional.

Examining doctor to complete **PART D**, including:

1) Criteria not met and other relevant medical details.

2) Proposed restrictions to licence (if appropriate).

Suggestions for **management and periodic review interval (conditional licence).**

3. ☐ **Temporarily does not meet the medical criteria for fitness to drive**

Examining doctor to complete **PART D**. Does not meet relevant medical criteria (unconditional or conditional) and should not undertake normal driving duties. May perform alternative tasks. May return to driving following: an improvement in condition, response to treatment or confirmed diagnosis of undifferentiated illness.

4. ☐ **Permanently does not meet the medical criteria for fitness to drive**

Examining doctor to complete **PART D**. Does not meet relevant medical criteria and cannot perform normal driving duties in the foreseeable future.

Recommended Management

Local Doctor Referral ☐	Specialist Referral ☐	Laboratory Tests ☐	Drug Test ☐	Practical Driver Test ☐
More frequent periodic review (see review date below) ☐		Other, please attach additional information ☐		

Recommended date of next review (from date of assessment)

1 year ☐	2 year ☐	3 year ☐	4 year ☐	5 year ☐	Other (specify) ☐

Health Professional's Details

Name:		Phone: Number:		Fax Number:	
Practice Address:					
Signature:		Date of Assessment:			

Dangerous Goods Drivers Licence - Medical Assessment

NT WorkSafe is responsible for ensuring that all applicants for dangerous goods driver's licences have the appropriate skills and abilities, and are medically fit to hold that licence. Prior to issuing a licence NT WorkSafe requires that applications or renewals are accompanied by medical fitness evidence. Completion and submission of this medical assessment form by a health professional will satisfy this requirement.

To the Driver/Applicant

- Make an appointment with your medical practitioner.
- As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose.
- Please bring with you to the assessment:
- A list of current prescription, non-prescription and complementary medicines
- Glasses/contact lenses and hearing aids if you use them
- Disease management plans (e.g. sleep disorder management plan, diabetes management plan). Take this form to the appointment for your doctor to complete.
- You are required by law to advise NT WorkSafe of any conditions that may affect your ability to drive. You should make the doctor aware of any medical conditions you may have so that your doctor can advise NT WorkSafe on your behalf, using this form.
- If the medical report has been requested for a particular reason, you should let your practitioner know this reason.
- You should let your doctor know if you hold or are applying for a heavy vehicle licence, as the medical requirements for drivers of such vehicles are stricter.
- On completion of the examination the doctor will provide you with the form to return to NT WorkSafe.
- Payment for the medical examination is the responsibility of the licence holder/applicant.
- Withdrawal of licence – If NT WorkSafe takes away your licence on the basis of a medical report, you may be re-licensed when you provide medical evidence which indicates that you have met the national medical standards. You should be aware that you have the right to seek a review of any decision affecting your licence.
- Any queries regarding licensing may be directed to the NT WorkSafe on 1800 019 115.

To the Health Professional

- The examination must be conducted in accordance with the national medical standards described in *Assessing Fitness to Drive 2012*. This publication is available from the web: www.onlinepublications.austroads.com.au/items/AP-G56-13. It details the examination process and provides examination proforma to guide you.
- Upon completion of the examination please complete and sign the certificate overleaf.
- Distribute the completed certificate as follows:
- Provide the original certificate (together with additional information relevant to the patient's fitness to drive) to the patient for them to present to NT WorkSafe.
- Retain a copy for the patient's medical record together with detailed examination notes.
- Information not relevant to the patient's fitness to drive should not be forwarded to NT WorkSafe.
- If you have doubts about your patient's suitability to drive, you may suggest a driver assessment or referral to a suitable specialist. Please indicate this on the form.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact NT WorkSafe.
- Indemnity – Northern Territory legislation mandates reporting of unfit drivers by health professionals, thereby affording indemnity to practitioners who conduct an examination and provide NT WorkSafe with an opinion based on that examination.
- Criminal Liability & Insurance – Health professionals may be liable under civil law in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of health professionals and may reasonably expect health professionals to comply with the national medical standards.

Occupational Therapy Driver Assessment

- Trained occupational therapists may conduct a driver assessment where there is a medical concern about the patient's ability to drive safely.
- The aim of the occupational therapy assessment is to assist people with impairments to resume or continue driving. There are two components of the assessment. The first part of the assessment aims to evaluate the person's difficulties. This involves an interview, vision screen, cognitive function test, assessment of physical strength, motor skills, reaction time, road law and road craft. The need for specialist equipment of vehicle modifications is considered at this time.
- The on-road assessment takes a standard approach but can be designed to meet individual needs. It is conducted in a dual controlled vehicle, accompanied by a driving instructor and where necessary set up with special requirements or modifications to meet the needs of the client. The assessment is structured to assess the impact of injury, illness or the ageing process on driving skills such as judgement, decision-making skills, observation and vehicle handling.
- Provided the overall driver is safe, the 'bad habits' that an experienced driver might display may not result in failure.

Conditions and Restrictions

- If appropriate, the practitioner may recommend conditions which may enhance driver competency or safety and allow their patient to continue to drive (e.g. corrective lenses, no night driving, additional mirrors).
- If the practitioner recommends a conditional licence, details of the recommended restrictions and reasons must be provided, otherwise a conditional licence will not be considered.
- If the practitioner believes that vehicle modifications are necessary (e.g. hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the patient will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary.

Motor Vehicle Registry Driver Assessment

- Where there is a concern about a person's ability to drive safely, a driving test is necessary.
- Assessments of this nature are generally conducted in consultation with an occupational therapist trained in this area

Dangerous Goods Drivers Licence - Medical Assessment

PART B – PATIENT QUESTIONNAIRE

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your doctor what it means. The doctor will ask you additional questions during the examination.

Are you currently attending a health professional for any illness, injury or disability?(If Yes, please provide details)	No ☐ Yes ☐
Are you taking any prescription, non-prescription or complementary medicines? (If Yes, please provide details)	No ☐ Yes ☐
Have you ever had any other serious injury, illness, disability, operation or accident or been in hospital for any reason? (If Yes, please provide details)	No ☐ Yes ☐
Doctors Comments:	

Do you suffer from or have you ever suffered from any of the following:

High blood pressure	No ☐ Yes ☐	Stroke	No ☐ Yes ☐
Heart disease	No ☐ Yes ☐	Dizziness, vertigo, problems with balance	No ☐ Yes ☐
Chest pain, angina	No ☐ Yes ☐	Memory loss or difficulty with attention or concentration	No ☐ Yes ☐
Any condition requiring heart surgery	No ☐ Yes ☐	Other neurological disorder	No ☐ Yes ☐
Palpitations / irregular heartbeat	No ☐ Yes ☐	Neck, back or limb disorders	No ☐ Yes ☐
Abnormal shortness of breath	No ☐ Yes ☐	Double vision, difficulty seeing	No ☐ Yes ☐
Diabetes	No ☐ Yes ☐	Colour blindness	No ☐ Yes ☐
Head injury, spinal injury	No ☐ Yes ☐	Hearing loss or deafness or had an ear operation or use a hearing aid	No ☐ Yes ☐
Seizures, fits, convulsions, epilepsy	No ☐ Yes ☐	A psychiatric illness or nervous disorder	No ☐ Yes ☐
Blackouts or fainting	No ☐ Yes ☐		

Doctors comments:

Dangerous Goods Drivers Licence - Medical Assessment

Sleep

Have you ever been tested for a sleep disorder or been told by a doctor that you have a sleep disorder, sleep apnoea or narcolepsy?				Yes ☐ No ☐
Has anyone told you that your breathing stops or is disrupted by episodes of choking during your sleep? (If Yes, please provide details below)				Yes ☐ No ☐
How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? *This refers to your usual way of life in recent times. If you haven't done some of these things recently try to work out how they would have affected you.*	Would never doze off **(0)**	Slight chance of dozing **(1)**	Moderate chance of dozing **(2)**	High chance of dozing **(3)**
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (e.g. a theatre or a meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after a lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in the traffic	☐	☐	☐	☐
Doctors comments:				

Alcohol:

Have you ever sought assistance for alcohol or substance use issues? (If Yes, please provide details below)					Yes ☐ No ☐
Please circle the answer that best describes your situation.	(0)	(1)	(2)	(3)	(4)
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 to 5	5 to 6	7 to 9	10 or more
How often do you have six or more drinks on one occasion?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Dangerous Goods Drivers Licence - Medical Assessment

Other

Do you currently use illicit drugs? (If Yes, please provide details below)	Yes ☐	No ☐
Do you use any drugs or medications not prescribed for you by your doctor? (If Yes, please provide details below)	Yes ☐	No ☐
Have you been in a vehicle crash since your last fitness to drive examination? (If Yes, please provide details below)	Yes ☐	No ☐

Disclosure of Health Information:

Please read carefully and sign to indicate you understand how health information is reported, stored and accessed.

The details of your health assessment will remain confidential and will only be reported to the requesting organisation in terms of whether you meet the medical criteria for driving a commercial vehicle. The examining health professional retains all detailed medical papers including your questionnaire responses and the completed record of clinical findings. The examining health professional will provide you with the report form to return to the requesting organisation indicating your fitness for duty classification. Other than the above, your personal information will not be disclosed to any other person or organisation without your written permission, except when required by law.

You have the right to access your health records including those held by the examining doctor and the reports held by the requesting organisation.

Consent to Contact Treating Health Professionals

I consent to the examining doctor contacting my treating health professionals to clarify aspects of my medical management.	Yes ☐	No ☐

Driver's Declaration

I have read and understood the above statement concerning the health information provided in this document.

Signature of Driver:		Date:	

Applicant's Declaration *(in presence of health professional):*

I,	

– certify that to the best of my knowledge the above information supplied by me is true and correct

Signature:		Date:	

IMPORTANT

For privacy reasons, the completed Patient Questionnaire must not be returned to NT WorkSafe. Medical information relevant to driver licensing should be included on the Medical Certificate (in the case of Licensing Authority-initiated examinations) or on the Medical Condition Notification Form (for assessments made in the course of patient treatment).

Dangerous Goods Drivers Licence - Medical Assessment

PART C – CLINICAL EXAMINATION FORM

The examiner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, e.g. Mini Mental State or equivalent for cognitive conditions. This form is to be retained by the examining health professional and not returned to NT WorkSafe.

Findings relevant to the person's fitness to drive should be recorded on the Medical Certificate supplied by NT WorkSafe.

1. Vision: (refer AFTD, page 116-122)

Visual acuity (refer AFTD, page 119)

Are glasses or contact lenses worn?	Yes ☐	No ☐

	Right	Left	Both
Without Correction	6 /	6 /	6 /
With Correction	6 /	6 /	6 /

Meets Criteria ☐	Without Correction ☐	With Correction ☐	Does not meet Criteria ☐

Visual Fields (refer AFTD, page 120):

Normal ☐	Abnormal ☐

Comments:

2. Hearing: (refer AFTD, page 63-65)

Does initial clinical assessment indicate possible hearing loss? (Clinical tests used to screen for hearing impairment include testing whether a person can hear a whispered voice, a finger rub, or a watch tick at a specific distance. Perceived hearing loss can be assessed by asking a single question (for example, "Do you have difficulty with your hearing?" as per the Driver Health Questionnaire)	Yes ☐	No ☐
If yes: Are hearing aids worn?	Yes ☐	No ☐

Refer for audiometry if indicated

	0.5kHz	1.0kHz	1.5kHz	2.0kHz	3.0kHz	4.0kHz	6.0kHz	8.0kHz	Average of 0.5,1,2,3 kHz
Right Ear									
Left Ear									

Meets Criteria ☐	Without Correction ☐	With Correction ☐	Does not meet Criteria ☐

Comments:

3. Cardiovascular system (refer AFTD p 37-55)

Relevant findings from questionnaire:

Blood Pressure				Repeated (if necessary)			
Systolic		Diastolic		Systolic		Diastolic	

Pulse (Beats/min)		Normal ☐	Abnormal ☐

Heart Sounds	Normal ☐	Abnormal ☐	**Peripheral Pulse**	Normal ☐	Abnormal ☐

Comments:

Dangerous Goods Drivers Licence - Medical Assessment

4. Diabetes (Refer AFTD p 56-62)			
Existing diabetes?		Yes ☐	No ☐
Comments (including comments regarding overall cardiac risk and risk factors e.g. obesity, smoking, exercise, stress):			
5. Musculoskeletal/Neurological System (Refer AFTD p 66-69)			
Relevant findings from questionnaire:			
Cervical spine rotation		Normal ☐	Abnormal ☐
Back movement		Normal ☐	Abnormal ☐
Upper limbs:	Appearance	Normal ☐	Abnormal ☐
	Joint Movements	Normal ☐	Abnormal ☐
Lower limbs:	Appearance	Normal ☐	Abnormal ☐
	Joint Movements	Normal ☐	Abnormal ☐
Reflexes		Normal ☐	Abnormal ☐
Romberg's sign*		Normal ☐	Abnormal ☐
***** *A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds*			
Comments (including comments regarding overall cardiac risk and risk factors e.g. obesity, smoking, exercise, stress):			
6. Psychological health (Refer AFTD p 100-104)			
Relevant findings from questionnaire:			
Mental State Examination:			
Appearance		Normal ☐	Abnormal ☐
Attitude		Normal ☐	Abnormal ☐
Behaviour		Normal ☐	Abnormal ☐
Mood and affect		Normal ☐	Abnormal ☐
Thought form stream and content		Normal ☐	Abnormal ☐
Perception		Normal ☐	Abnormal ☐
Cognition		Normal ☐	Abnormal ☐
Insight		Normal ☐	Abnormal ☐
Judgement		Normal ☐	Abnormal ☐

Dangerous Goods Drivers Licence - Medical Assessment

7. Sleep disorders (Refer AFTD p 105-109)		
Existing sleep disorder?		Yes ☐ No ☐
ESS Score (Screen): (Q 5 of Driver Health Questionnaire)		
(Score > 16 is consistent with moderate to severe excessive daytime sleepiness)		
Clinical signs of sleep disorder	Absent ☐	Present ☐
Comments (including comments regarding overall cardiac risk and risk factors e.g. obesity, smoking, exercise, stress):		

8. Substance misuse (Refer AFTD p 110-115)		
Existing substance use disorder?		Yes ☐ No ☐
Note: Drug screening not routinely required.		
(Score > 8 indicates strong likelihood of hazardous or harmful alcohol consumption)		
Clinical signs of sleep disorder	Absent ☐	Present ☐
Comments (including comments regarding overall cardiac risk and risk factors e.g. obesity, smoking, exercise, stress):		

9. Medication		
Please specify:		
Summarise significant findings:		
Are any further investigations or referrals required? (If Yes, please provide details below		Yes ☐ No ☐

Dangerous Goods Drivers Licence - Medical Assessment

PART D – Assessment of Fitness to Drive – Professional Opinion

I have examined the patient (whose name, address and date of birth are set out above) in accordance with the relevant National Medical Standards (private or commercial) as set out in Assessing Fitness to Drive, 2012.			
Dangerous Goods Drivers Licence	☐	Dangerous Goods Drivers Licence – Class 1 Explosives	☐
I have known/treated the patient for: (years)			
Conditionally: meets the medical criteria for fitness to drive – has a medical condition that may impact on fitness to drive but it is well controlled and meets the conditional criteria in *Assessing Fitness to Drive 2012.*			☐
Please describe the nature of the condition and the medical criteria that are not met.			
Please provide information to support the consideration of a conditional licence including evidence of the medical criteria met and consideration of the nature of the driving task.			
Please describe any recommended licence conditions or restrictions relating to the driver's medical condition including requirements for periodic review (e.g. annual review), vehicle modifications, corrective lenses or restricted daytime driving etc.			
Temporarily: does not meet the medical criteria (unconditional or conditional) – pending further investigation and treatment (record details).			☐
Permanently: does not meet the medical criteria (record details)			☐
Reinstatement of licence: In my opinion the condition of the person subject of this report has improved so as to meet the criteria for a conditional or unconditional licence. Please include details of: the criteria previously not met; the response to treatment and prognosis; duration of improvement; other relevant information including consideration of the driving task.			☐
Health Professional Details			
Reporting Professional's Name:			
Professional's Address:			
Phone:		Fax Number:	
Signature of Applicant:		Date of Assessment:	
Further comments on medical condition(s) affecting safe driving appear overleaf/attached			☐