

### Important information

Roads and Maritime Services must be able to attest that all drivers of public passenger vehicles are fit and proper persons to hold an authority to drive such vehicles. This information is being collected in order to determine your fitness to drive a public passenger vehicle under the *Passenger Transport Act 1990* and *Passenger Transport Regulation 2007*. If Roads and Maritime 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 office. Roads and Maritime may disclose any health information received to a medical practitioner and/ or specialist.

- Complete Parts A and B of this form, including signing the Declaration/Consent (Part C),
- You are required by the Passenger Transport Regulation 2007 to advise Roads and Maritime of any condition that may affect your ability to drive a public passenger vehicle.
- If Roads and Maritime has any concerns about the answers provided on this form or your medical condition you may be required to undertake a further medical examination with your doctor.
- Payment for any further medical examination is the responsibility of the authority holder/applicant.
- If you are 60 years or older you must complete 'Medical Assessment Form (Public Passenger Vehicle Driver – Form 1689)'. Do not submit this form.

#### Part A – Driver Details – to be completed by driver / applicant for authorisation

1. Surname (*family name*)

2. Given names

3. Sex      Male ☐  
                Female ☐

4. Date of birth

|     |   |       |   |      |
|-----|---|-------|---|------|
| day | / | month | / | year |
|-----|---|-------|---|------|

5. Residential address (*PO box not accepted*)

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|          |
|          |
| Postcode |

6. a Contact phone number

b Mobile number

7. Driver licence number

8. Authority number

9. Authority status

Current ☐ Not Current ☐

10. Authority type

Private Hire Vehicle ☐ Taxi ☐

#### Part B – Medical Questionnaire – to be completed by driver / applicant for authorisation

Please answer the questions by ticking the correct box and supplying details (*if applicable*). If you are not sure, leave the question blank and ask your Medical Practitioner (doctor) what it means. You must then answer the question with your doctor. Your doctor will also ask you additional questions during the examination.

11. Are you being treated for any illness or injury?

Yes ☐ *if yes give details*  
No ☐

Details

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12. Are you taking any medications (*either prescribed by your doctor or otherwise*)?

Yes ☐ *if yes give details*  
No ☐

| Condition(s)<br>medications are taken for | List medications currently<br>being taken for condition(s) |
|---|--|
|   |  |

Enrolment Processing Unit

Level 4, 16 - 18 Wentworth Street Parramatta NSW 2150

Locked Bag 5085, Parramatta NSW 2124

[www.transport.nsw.gov.au](http://www.transport.nsw.gov.au) | 1800 227 774 | T 02 9689 8888 | F 02 9689 8813 | E [licensing@transport.nsw.gov.au](mailto:licensing@transport.nsw.gov.au)

# Medical Assessment Form – Private Hire Vehicle and Taxi-Cab Drivers (< 60 years of age)

13. Do you use any drugs or medications not prescribed for you by a doctor which may affect your ability to drive a motor vehicle?

Yes ☐ if yes give details

No ☐

Details

14. Do you have diabetes?

Yes ☐ how is this being treated?

No ☐

Diet ☐

Tablets ☐

Insulin ☐

15. In the past year, have you ever had to pull off the road because you have become sleepy or drowsy?

Yes ☐ if yes give details

No ☐

Details (If so, how often?)

16. Have you ever had, or been told by a doctor that you had any of the following?

a. High blood pressure

Yes ☐

No ☐

b. Heart disease

Yes ☐

No ☐

c. Chest pain, angina

Yes ☐

No ☐

d. Any heart operation or procedure

Yes ☐

No ☐

e. Palpitations/Irregular heart beat

Yes ☐

No ☐

f. Abnormal shortness of breath

Yes ☐

No ☐

g. Head injury, spinal injury

Yes ☐

No ☐

h. Psychiatric, psychological, nervous disorder or depression

Yes ☐

No ☐

i. Hearing loss

Yes ☐

No ☐

j. Seizures, fits, convulsions, epilepsy

Yes ☐

No ☐

k. Blackouts, fainting

Yes ☐

No ☐

l. Stroke

Yes ☐

No ☐

m. Dizziness, vertigo (balance problems)

Yes ☐

No ☐

n. Double vision, difficulty seeing (other than needing glasses)

Yes ☐

No ☐

o. Kidney disease

Yes ☐

No ☐

p. Sleep disorder, sleep apnoea or narcolepsy

Yes ☐

No ☐

q. Cancer (affecting brain or nervous system)

Yes ☐

No ☐

## 17. Alcohol Use Questionnaire

a. How often do you have a drink containing alcohol?

Never ☐ go to question 18

Monthly or less ☐ 2 to 4 times a month ☐

2 to 3 times a week ☐ 4 or more times a week ☐

b. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 ☐ 3 or 4 ☐

5 or 6 ☐ 7, 8 or 9 ☐

10 or more ☐

c. How often do you have six or more drinks on one occasion?

Never ☐ Less than monthly ☐

Monthly ☐ Weekly ☐

Daily or almost daily ☐

d. How often during the last year have you found that you were not able to stop drinking once you had started?

Never ☐ Less than monthly ☐

Monthly ☐ Weekly ☐

Daily or almost daily ☐

# Medical Assessment Form – Private Hire Vehicle and Taxi-Cab Drivers (< 60 years of age)

e. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never ☐ Less than monthly ☐  
Monthly ☐ Weekly ☐  
Daily or almost daily ☐

f. 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 ☐ Less than monthly ☐  
Monthly ☐ Weekly ☐  
Daily or almost daily ☐

g. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never ☐ Less than monthly ☐  
Monthly ☐ Weekly ☐  
Daily or almost daily ☐

h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ☐ Less than monthly ☐  
Monthly ☐ Weekly ☐  
Daily or almost daily ☐

i. Have you or someone else been injured as a result of your drinking?

No ☐ Yes, but not in the last year ☐  
Yes, in the last year ☐

j. 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, in the last year ☐

18. Do you use illicit or recreational drugs?

Yes ☐ if yes give details  
No ☐

Details

19. Have you been in a vehicle crash since your last medical examination?

Yes ☐ if yes give details  
No ☐

Details

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## Part C – Driver / applicant declaration – to be completed by driver / applicant for authorisation

### Privacy Statement

We are collecting your personal and health information in connection with your application for a driver authority under the *Passenger Transport Act 1990* and may retain and use it for the purposes of that Act and for driver licensing, motor vehicle, road transport or road safety purposes. Providing this information is voluntary but we may refuse your application unless you do so.

We may disclose your personal information and health information in order to verify it and to assess your application. We may disclose your personal information in respect of motor accident or other litigation enquiries and to other public passenger transport regulators, driver licensing and vehicle registration agencies. We may also disclose your personal information or health information where relevant to accredited operators, networks, or booking or ride share service providers under the *Passenger Transport Act 1990* (or other relevant legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise we will not disclose your personal or health information without your consent unless authorised by law.

This Privacy Statement also applies in respect of your personal and health information we may subsequently collect in relation to your driver authority. Your personal and health information will be held by Roads and Maritime Services at 101 Miller St, North Sydney NSW 2060 and you have the right to access and correct the information if you believe that it is incorrect. You can contact us to request to access or correct it.

### Your declaration

I (the applicant) declare that:

- I have read and understood all the information and questions on this form and any other relevant medical assessment forms and my answers and the information provided by me are, to the best of my knowledge, true, correct and accurate in every detail.
- I am aware that any person who attempts to obtain a driver authority by false statement, misrepresentation or omission of details likely to affect such application, shall be guilty of an offence and shall be liable to a penalty of up to \$2,200 and any authority issued may be cancelled.
- I will comply with the *Passenger Transport Act 1990*, associated regulations and conditions relevant to a driver authority and understand that failure to do so may result in my authority being suspended, cancelled or varied.
- I give authority to Roads and Maritime Services to obtain details of any matter which may assist in determining whether I meet the medical criteria outline in the publication 'Assessing Fitness to Drive (Commercial and Private Vehicle Drivers) March 2012'.

I consent for Roads and Maritime Services to obtain any information it requires to determine whether to grant, renew or cancel my driver authority and to assess whether I am a fit and proper person of good repute, or hold the aptitude and responsibility to drive a public passenger vehicle. This may include (but is not limited to) complaints, charges, convictions, traffic infringements and driver licence suspensions and cancellations (in NSW or elsewhere). I consent to third parties (including but not limited to police, judiciary and licensing and other regulatory authorities) releasing that information to Roads and Maritime Services. This consent continues and may not be revoked by me so long as I hold (or apply for) a driver authority or while any legal action is proposed against me in respect of a driver authority including a suspended, cancelled or expired authority.

Name (print)

Signature

Date

|     |   |       |   |      |
|-----|---|-------|---|------|
| day | / | month | / | year |
|-----|---|-------|---|------|