

Medical Condition Notification

Transport Operations (Road Use Management—Driver Licensing) Regulation 1999

In this document, a reference to a **medical condition** means a mental or physical incapacity.

This form is to be used by you, as a Queensland licence holder, to notify the chief executive (Queensland Transport), as required by law, that you have a medical condition that is likely to adversely affect your ability to drive safely.

This medical condition may be one of the following:—

1. Any permanent or long term medical condition, or
2. Any permanent or long term increase in, or other aggravation of a medical condition about which you have previously notified Queensland Transport.

However, you are **NOT** required to notify Queensland Transport if your **medical condition** is of a temporary nature.

While it is not necessary to give details about your **medical condition**, you may be required to give a completed *Medical Certificate for Motor Vehicle Driver* (form F3712) to enable a decision to be made about your fitness to continue to hold a Queensland driver licence.

You may also use this notification form if you have been assessed by a health professional as **not** being medically fit to drive safely. Please complete the voluntary declaration at item 5 and forward it together with your licence to Queensland Transport.

1. Your driver licence details

Driver licence number Expiry date

2. Your personal details (please PRINT)

Family name

Given name/ s

Date of birth Male
Female

Current Queensland residential address
Postcode

Postal address *(if this is the same as your residential address, write "as above")*

Postcode

Daytime contact telephone number

3. Your medical condition

Do you need to wear glasses/contact lenses for driving?
No Yes S condition will be shown on your licence

Do you have any other vision or eye disorders?
No

Yes Please provide details *(the provision of details is optional)*

Do you have a permanent or long term **medical condition** that is likely to adversely affect your ability to drive a motor vehicle safely?
No

Yes Please provide details *(the provision of details is optional)*

Has there been a permanent or long term increase in, or aggravation of a **medical condition** about which you have previously notified Queensland Transport?

No

Yes Please provide details *(the provision of details is optional)*

4. Your declaration

I declare that to the best of my knowledge the information given in this notification is complete, true and correct in every detail. I understand—

- that I may be prosecuted if I have stated anything in this notification that is false or misleading;
- that Queensland Transport may, after considering the information provided on this form, decide to immediately amend or immediately suspend my Queensland driver licence;
- that Queensland Transport may require me to give a *Medical Certificate for Motor Vehicle Driver* (Form F3712) providing additional information about my medical fitness to drive so that a decision may be made whether my driver licence should be amended, suspended or cancelled as a result of my **medical condition**.

Signed Date

5. Voluntary surrender

I hereby surrender my Queensland driver licence in consideration of my **medical condition**.

Signed Date

Privacy Policy— Queensland Transport provides this form under the Transport Operations (Road Use Management—Driver Licensing) Regulation 1999 for you to notify the Queensland Transport about your medical fitness to continue to hold a driver licence. The information given in this form may be used by Queensland Transport to decide whether you are medically fit to continue to hold a driver licence. This information is accessible by authorised departmental officers and may be disclosed to the Queensland Police Service and interstate driver licensing authorities. Queensland Transport will not disclose your personal details to any other third parties without your consent unless required by law.

6. Your delivery method

You may give notification by—

Mail Queensland Transport
Locked Bag 2000 Central Qld MC
Rockhampton 4702

Facsimile Queensland Transport facsimile number—
(07) 4931 1624

E-Mail Queensland Transport at E-Mail address—
mcr@transport.qld.gov.au

Presenting in person At any Queensland Transport Customer Service Centre or driver licence issuing agent.

Office Use only

Date notified Notification method—
Mail Fax E-Mail In person

Medical Certificate presented? Yes No Other medical report attached? Yes No

Authorised person's name (please PRINT)

Signed Date

Office stamp