

# Medical Condition Notification

Transport Operations (Road Use Management) Act 1995



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 (Department of Transport and Main Roads) (the department), 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 the department.

However, you are **NOT** required to notify the department 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 the department.

## 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 the department?

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 the department may, after considering the information provided on this form, decide to immediately amend or immediately suspend my Queensland driver licence;
- that the department 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 Statement**— The Department of Transport and Main Roads (the department) provides this form under the *Transport Operations (Road Use Management) Act 1995* for you to notify the department about your medical fitness to continue to hold a driver licence. The information given in this form may be used by the department to decide whether you are medically fit to continue to hold a driver licence. This information is accessible by authorised departmental persons and may be disclosed to the Queensland Police Service and interstate driver licensing authorities. The department will not disclose your personal details to any other third parties without your consent unless authorised or required by law.

## 6. Your delivery method

You may give notification by—

- Mail  Department of Transport and Main Roads  
Locked Bag 2000 Red Hill  
Rockhampton QLD 4701
- Facsimile  Department of Transport and Main Roads' facsimile number— **(07) 4931 1624**
- E-Mail  Department of Transport and Main Roads at E-Mail address— **mcr@tmr.qld.gov.au**
- Presenting in person  At any Department of Transport and Main Roads Customer Service Centre or driver licence issuing centre.

## 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