



This form is provided for a health professional to notify the Department of Transport and Main Roads (TMR) when a patient is applying for a Queensland licence or driving on a Queensland or non-Queensland licence and the health professional reasonably believes the patient will not do any of the following:

- notify TMR of their medical condition
comply with the recommended conditions/restrictions
continue to drive despite advice not to.

The medical condition may be one of the following:

- any permanent or long term medical condition
any permanent or long term increase in, or other aggravation of a medical condition about which the patient has previously notified TMR.

The health professional is not required to notify TMR if their patient's medical condition is of a temporary nature. The term 'health professional' means:

- a doctor (that is, a medical practitioner)
a person registered under the Occupational Therapists Registration Act 2001 or a corresponding law to that Act
a person registered under the Health Practitioner Regulation National Law to practise in the optometry profession, other than as a student
a person registered under the Health Practitioner Regulation National Law to practise in the physiotherapy profession, other than as a student.

1. Patient details (please print)

Salutation Mr/Mrs/Ms

Family name

Given name/s

Full address
Postcode

Date of birth
Driver licence number (if known)

2. Assessment of fitness to drive - professional opinion

I have examined the patient in accordance with the relevant National Medical Standards (private or commercial) as set out in Assessing Fitness to Drive 2012.

Private vehicle standards Commercial vehicle standards

I have known/treated the patient for years.

In my opinion the person subject of this report:

does not meet the criteria outlined in Assessing Fitness to Drive (see details below).

does not meet the unconditional licensing criteria outlined in Assessing Fitness to Drive, but may be considered for a conditional licence subject to the restrictions/conditions described below (please complete Part 2 of the Medical Certificate for Motor Vehicle Driver, form F3712).

Provide details of medical criteria not met.

Note advice regarding licence restriction (conditional licence) including requirements for ongoing monitoring and review. (as required)

Note other details regarding the medical condition as relevant to the driving task. (the provision of details is optional)

Form area for medical condition details

Further comments on medical condition(s) affecting safe driving. (the provision of details is optional)

Form area for further comments

3. Health Professional details (please print)

Health Professional's name

Professional's address

Postcode

Telephone
Date of examination

Signature

Date

Privacy Statement - TMR provides this form under the Transport Operations (Passenger Transport) Act, Transport Operations (Road Use Management) Act and the Tow Truck Act so that you may notify TMR about a patient's medical fitness to drive a motor vehicle.

4. Your delivery method

You may give notification by—

Mail Department of Transport and Main Roads Locked Bag 2000 Red Hill ROCKHAMPTON QLD 4701

Facsimile 07 4931 1624

E-Mail mcr@tmr.qld.gov.au

Presenting in person At any TMR Customer Service Centre or driver licence issuing centre

Office Use only

Date notified
Notification method— Mail Fax E-Mail

Authorised person's name (please print)

Other medical report attached? Yes No

Signed
Date

Office stamp