



This form is provided for a health professional to notify the Department of Transport and Main Roads (the department) when a patient is applying for, renewing or currently holds a driver licence, and the health professional reasonably believes the patient:

- will not notify the department of their medical condition; and/or
will not comply with the recommended conditions/restrictions; and/or
will continue to drive despite advice not to.

The medical condition may be one of the following:

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

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

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

- 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 unconditional or conditional licensing 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.

Text area for medical criteria not met.

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

Text area for licence restriction advice.

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

Text area for other medical details.

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

Text area for further comments.

3. Health Professional details (please PRINT)

Salutation Dr / Mr / Mrs / Ms

Family name

Given name/s

Professional's address
Postcode

Telephone
Facsimile

Date of examination

Signature

Date

Privacy Statement— The Department of Transport and Main Roads (the department) provides this form under the Transport Operations (Passenger Transport) Act 1994, Transport Operations (Road Use Management) Act 1995 and the Tow Truck Act 1973 so that you may notify the department about a patient's medical fitness to drive a motor vehicle. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities, as allowed under the relevant transport acts. The department will not disclose your personal information or documents to any other third parties without your consent unless authorised or required by law.

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 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

Authorised person's name (please PRINT)

Other medical report attached? Yes No

Signed
Date

Office stamp