

# Alcohol Ignition Interlock Program - Medical Certificate for Interlock Exemption Application



Queensland Government

Transport Operations (Road Use Management) Act 1995

This form has been provided so that a doctor may provide their opinion as to whether or not you are able to provide a sufficient breath sample to operate an approved interlock.

This form must be completed if you are applying for an interlock exemption on the ground that:

- you have a medical condition and are therefore not able to provide a sufficient breath sample to operate an approved interlock; or
- a member of your family has a medical condition and is therefore not able to provide a sufficient breath sample to operate an approved interlock (please note that other criteria must also be met).

The interlocks approved for the Alcohol Ignition Interlock Program require a minimum breath sample of **1.2 litres** over a continuous period of **5 seconds**.

## Lodging your application

This form must be lodged with a completed *Alcohol Ignition Interlock Program - Interlock Exemption Application (form F4862)*.

For information about the application, the application fee, or to obtain a copy of the *Alcohol Ignition Interlock Program - Interlock Exemption Application (form F4862)* visit [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au) or call 13 23 80\*.

## Additional information

Please note that you are required by law to notify the department if you have a permanent or long-term medical condition that is likely to adversely affect your ability to drive safely. You may be required to provide a medical certificate, *Medical Certificate for Motor Vehicle Driver (form F3712)*, providing information about your medical condition to allow a decision to be made as to your eligibility to hold a driver licence.

If you have a medical condition that is likely to adversely affect your ability to drive safely, your treating doctor is required to assess your medical fitness to drive in accordance with the national medical standards as set out in the guidelines, *Assessing Fitness to Drive*.

## Part 1 - Personal Details (to be completed by the applicant/family member)

### Applicant/Family member's details

Family name (please PRINT)

Given name/s (please PRINT)

Date of birth

Male

Female

Residential address

  
  
  
 Postcode

Driver licence number (if known)

State/Territory/Country of issue

### Applicant/Family member's declaration

I declare that the information I have provided in this form is complete, true and correct in every detail and that the information given to my treating doctor about my medical condition is, to the best of my knowledge, true and correct.

I give my consent for a departmental officer to contact my treating doctor (if required) for further information or clarification relevant to my medical condition.

Applicant/family member's signature

Date

**Privacy statement:** The Department of Transport and Main Roads (TMR) provides this form under the Transport Operations (Road Use Management) Act so that you may provide information relevant to an application for an exemption from the Alcohol Ignition Interlock Program requirements that only allow a person subject to the program to drive a nominated vehicle that has been fitted with an approved interlock. 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. TMR will not disclose your personal details to any other third parties without your consent unless required by law.

## Part 2 - Medical Assessment (to be completed by the treating doctor)

Is the person nominated in Part 1 capable of providing a sufficient breath sample to operate an approved interlock?

Yes

No

Provide details of the person's medical condition and describe why the medical condition would prevent them from providing a sufficient breath sample to operate an approved interlock (attach a separate sheet if required)

  
  
  
  
  

What sample of breath is the patient able to provide?

Litres over a continuous period of five seconds

*A quantified assessment must be provided; "less than 1.2 litres" will not be accepted.*

Is the person's medical condition a:

Permanent or long term condition

Temporary condition

If the condition is temporary, please provide details of the expected duration of the condition and when it is expected that they will be able to provide a sufficient breath sample to operate an approved interlock.

  
  

Other supporting information

  
  

### Doctor's details

Doctor's name (please PRINT)

Doctor's phone number

Doctor's address (office stamp)

  
  
  
 Postcode

### Doctor's declaration

I declare that the information stated by me on this notice, to the best of my knowledge, is true and correct in every detail.

I agree that a departmental officer may contact me (if required) for further information or clarification relevant to the patient's medical condition or their ability to provide a sufficient breath sample to operate an approved interlock.

Doctor's signature

Date

**Indemnity:** The *Transport Operations (Road Use Management) Act 1995, s142*, provides indemnity against liability, both civilly or under an administrative process, for health professionals who give information in good faith to the Department of Transport and Main Roads about a person's medical fitness to hold, or continue to hold, a Queensland driver licence.