



Motor Vehicle Registry
 GPO Box 530, DARWIN NT 0801
 Phone: (08) 8999 3153
 Fax: (08) 8999 3117
 Email: MVR.Medical@nt.gov.au
 Website: nt.gov.au

L2

Medical Assessment of Fitness to Drive

Section 1:

I, _____
 (Full Name of Health Professional)

Have examined the following person

Full Name:		
Residential Address	Date of Birth	Gender
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;"> / / <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	<div style="border: 1px solid black; padding: 2px;"> Email Address </div>
Telephone ()	Driver Licence Number:	
Class of Licence <input type="checkbox"/> C <input type="checkbox"/> LR <input type="checkbox"/> MR Endorsements <input type="checkbox"/> D (Driving Instructor)	<input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC <input type="checkbox"/> R <input type="checkbox"/> H (Commercial Passenger Vehicle Driver)	

Section 2:

I have examined the person in accordance with the Assessing Fitness to Drive guidelines

- For the purpose of obtaining, or renewing an Occupational Authority (Endorsement D or H)
 NOTE: Occupational Authority assessments are required on initial application and every five years thereafter.
 Go to Section 5 if the applicant unconditionally meets commercial standards.

OR

- For a driver licence in relation to the medical condition(s) noted below:
- | | | |
|---|--|---|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Musculoskeletal condition | <input type="checkbox"/> Vision and Eye Disorder |
| <input type="checkbox"/> Cardiovascular condition | <input type="checkbox"/> Neurological condition | <input type="checkbox"/> Substance misuse (Drug or Alcohol) |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Psychiatric condition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Sleep Disorder | |

Section 3:

The patient meets the national medical standards to hold a **private** licence to drive a car, light rigid and/or motorcycle.
 Yes Without conditions With Conditions (Please specify in Section 4) No

The patient meets the national medical standards to hold a **commercial** licence to drive a medium rigid, heavy rigid, heavy combination, multi combination, or conditionally meets the requirements for a taxi or bus (D or H endorsement).
 Yes Without Conditions With Conditions (Please specify in Section 4) No

Eyesight test results: With Glasses Without Glasses

Left Eye: 6/	Right Eye: 6/	Both Eyes: 6/
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- A periodical medical review is required every: 1 Year 2 Years 5 Years Not required
 Other (if periodic review is required in less than 12 months, please specify) _____

Section 4:

Additional Information

- Referred for specialist opinion (provide details below)
- Requires on road driving assessment
- Vehicle modifications or licence restrictions required (provide details below)

<i>Provide details:</i>

Section 5: Declarations

HEALTH PROFESSIONAL TO COMPLETE

Name of Health Professional:

Address:

Phone Number: Email Address:

Signature:..... Assessment Date:

LICENCE HOLDER TO COMPLETE

THE NORTHERN TERRITORY OF AUSTRALIA
STATUTORY DECLARATION - Oaths, Affidavits and Declarations Act 2010

I (Full Name)

of, (Address)

Do solemnly and sincerely declare that I have truthfully disclosed all relevant medical information relating to my health to the Health Professional for the purpose of conducting an assessment of my medical fitness to drive and I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act 2010*.

I consent to the Motor Vehicle Registry obtaining and sharing any medical information/assessments and/or relevant traffic related history with Police, Health Professionals and other road authorities for the purpose of determining my eligibility to hold a driver/rider licence.

(3) Signature of the person making the declaration Declared attheday of20

(3)

(4) Signature of the person before whom the declaration is made Before me, (4).....

(5) Full name and contact number of witness (5)

NOTE: THIS DECLARATION MAY BE MADE BEFORE ANY PERSON WHO HAS ATTAINED THE AGE OF (18) EIGHTEEN YEARS.

NOTE: A person wilfully making a false statement, or altering a statement, in a statutory declaration is liable to a penalty of up to 400 Penalty Units or imprisonment for 4 years, or both. Persons providing false and/or misleading information or documentation to obtain a licence are liable to a penalty not exceeding 15 penalty units or imprisonment for 6 months under the *Motor Vehicles Act 1949*.

General Information

- Assessments of medical fitness to drive are to be conducted in accordance with the current Assessing Fitness to Drive Guidelines available online from the Austroads website; www.austroads.com.au.
- The responsibility for issuing, renewing, suspending or cancelling a person's licence (including a conditional licence) lies ultimately with the Driver Licensing Authority (MVR). Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.
- The Registrar of Motor Vehicles is required to collect this information under the *Motor Vehicles Act 1949*. All personal information is managed in accordance to the information privacy principles under the *NT Information Act 2002*.