

Assessing Fitness to Drive

Medical condition notification form

To: [Insert the address of your local driver licensing authority – visit nt.gov.au/driving to locate a Motor Vehicle Registry (MVR) office]

Patient details [please print]:

Mr/Mrs/Ms: Surname:

Given names:

Full address:

Date of birth: Licence no.:

Assessment of Fitness to Drive – Report

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, 2016*.

Private vehicle standards

Commercial vehicle standards

I have known/treated the patient for _____ years.

According to this assessment (please select **ONE** of the **THREE** options below and provide supporting information):

Option 1

In my opinion, the person who is the subject of this report **does not meet** the medical criteria to hold an **unconditional licence** (as outlined in *Assessing Fitness to Drive*) but may meet the medical criteria to hold a **conditional licence**.

Please describe the nature of the condition and the medical criteria that are not met.

Please provide information to support the consideration of a **conditional licence** including evidence of the medical criteria met and consideration of the nature of the driving task.

Please describe any recommended **licence conditions** or **restrictions** relating to the driver's medical condition including requirements for periodic review (e.g. annual review), vehicle modifications, corrective lenses or restricted daytime driving, etc.

Further comments on medical condition(s) affecting safe driving appear attached

(continued overleaf)

OR

Option 2

In my opinion, the person who is the subject of this report **does not meet** the medical criteria to hold an **unconditional or conditional licence** as outlined in *Assessing Fitness to Drive*.

Please describe the nature of the condition and the medical criteria not met, including a consideration of the driving task.

Further comments on medical condition(s) affecting safe driving are attached

OR

Option 3

Reinstatement of licence:

In my opinion the medical condition of the person who is the subject of this report has improved so as to meet the criteria for a **conditional** or **unconditional licence**.

Please provide details of: the criteria previously not met; the response to treatment and prognosis; duration of improvement; and other relevant information including consideration of the driving task.

Further comments on medical condition(s) affecting safe driving are attached.

Health professional's details: Reporting professional's name [please print]:

Professional's address:

Telephone: ()

Fax: ()

Date of examination:

Signature: