|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1:** | | | | | |  |  | | | | | | |
| I, | | | | | | | | | | | | | |
| *(Full Name of Health Professional)*  **Have examined the following person** | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | |
| **Residential Address** | |  |  | | |  | **Date of Birth** | | | **Gender** | | | |
|  | |  |  | | |  | */ /* | | | Male | | Female | |
|  | |  |  | | |  | **Email Address** | | | | | | |
|  | |  |  | | |  |  | | | | | | |
|  | |  |  | | |  |  | | | | | | |
| **Telephone ( )** | | | | | |  | **Driver Licence Number:** | | | | | | |
| **Class of Licence** | C | | | LR | MR | | | HR | HC | | MC | | R |
| **Endorsements** | D (Driving Instructor) | | | | | | | H (Commercial Passenger Vehicle Driver) | | | | | |

**Section 2A:**  **Occupational Authority Health Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| I have examined the person in accordance with the Commercial Standards of the **Assessing Fitness to Drive** (AFTD) 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***. ***Go to section 2B if the applicant has a medical condition that requires periodic review in accordance with the AFTD guidelines***.  **Section 2B:**  **Driver Licence Medical Assessment of Fitness to Drive**  In relation to the medical condition(s) noted below I have examined the person’s medical fitness to hold a class of driver licence in accordance with the **Assessing Fitness to Drive** (AFTD)guidelines: | | | |
| Blackouts | Musculoskeletal condition | Vision and Eye Disorder |
| Cardiovascular condition | Neurological condition | Substance misuse (Drug or Alcohol) |
| Diabetes Mellitus | Psychiatric condition | Other |
| Hearing | Sleep Disorder |  |

**Section 3: (must be completed when the assessment falls under Section 2B)**

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/ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A medical review of fitness to drive is required every: | 1 Year | 2 Years | 5 Years | Not required |
| Other (if periodic review is required in less than 12 months, please specify) | | |  | |
| NOTE: If periodic reviews are no longer required, please attach supporting information in accordance with Section 4.5 of Part A of the AFTD guidelines. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) | |  | |
|  |
|  |
|  |
|  |

**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 at ………………………..…….……………..the ……………..…..day of ……….………...…..20 …..…  (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](http://www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive/for-private-vehicle-drivers).
* 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.*