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

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|   |
|   |
|   |
|   |

**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.*