

CERTIFICATE OF FITNESS LIGHT VEHICLE (PRIVATE) DRIVERS LICENCE CLASSES C, RDATE, R, LR

MR712 05/18

Name: _____

Address: _____

Driver's Licence No:

Class of Licence:

Due Date:

 / /

SECTION 1: YOUR DETAILS (to be completed in BLOCK letters prior to seeing your doctor)

Surname _____

Given names _____ Date of birth _____

Home address _____

Suburb/Town _____ Postcode _____ Daytime phone no _____

Postal address if different from above _____

Email address (if available) _____

1. Have you consulted any medical practitioner within the last 12 months that the medical practitioner completing this form does not know about? *Please provide the name of medical practitioner or treating specialist* _____

2. Please list all the medications that you take (prescribed or otherwise). *Attach list if necessary* _____

3. Have you been the driver of a vehicle involved in a crash in the last 5 years? Yes No
If Yes, please provide details _____

4. Is driving a significant part of your occupation or voluntary work (e.g. courier driver or community bus driver)? Yes No
If you answered "Yes", approximately how many hours per day do you drive? Hours: _____

I declare that to the best of my knowledge the above information is true and correct and that I have made the medical practitioner completing this form aware of any medical condition that I have and drugs or medication that I use.
I consent to my medical practitioner and/or my treating specialist releasing to the Department of Planning, Transport and Infrastructure any medical information relating to my ability to drive safely.

Signature _____ Date _____

Please note: Your medical practitioner has a legal obligation to inform the Registrar if they believe that a person they have examined is suffering from a medical condition such that they endanger the public if they drove.

A person must not, in providing information, make a statement that is false or misleading. Penalties apply.

- Return to GPO Box 1533, Adelaide 5001 or any Service SA Customer Service Centre
- Enquiries: 13 10 84

ISMF Classification when complete -
SENSITIVE: MEDICAL - I3 - A3

SECTION 2: IMPORTANT NOTES FOR THE MEDICAL PRACTITIONER

The Registrar of Motor Vehicles requires certain applicants for a driver's licence, or licence holders, to provide evidence of their fitness to drive. Please:

- refer to section 1 that has been completed by your patient;
- refer to the National Transport Commission's publication "Assessing Fitness to Drive 2016" private standards for light vehicle licence. The guidelines are available from Austroads at www.austroads.com.au (your assessment must be undertaken in accordance with the guidelines);
- if you are familiar with your patient's full medical history, you only need to complete the parts of section 3 relevant to the patient's medical conditions and all of sections 4 and 5;
- if you are not familiar with your patient's full medical history please complete all of sections 3, 4 and 5;
- provide comment in the notes section on the opposite page on how well controlled your patient's condition(s) are and compliance with any medication taking;
- section 4 (Eyesight Certificate) must be completed in all cases.

SECTION 3: MEDICAL EXAMINATION REPORT - For all "Yes" answers provide comments on the page opposite.

1. BLACKOUT

Has your patient experienced a blackout? No Yes

If Yes, please complete the following.

Date of most recent episode: __ / __ / __

2. CARDIOVASCULAR DISEASE

Does your patient have, or has had, a cardiovascular condition? No Yes

If Yes, please complete the following.

Please tick the relevant condition(s):

- | | |
|------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Acute Myocardial Infarction | <input type="checkbox"/> Coronary Artery Bypass Grafting (CABG) |
| <input type="checkbox"/> Angina (If Unstable) | <input type="checkbox"/> Dilated Cardiomyopathy |
| <input type="checkbox"/> Cardiac Aneurysm | <input type="checkbox"/> Heart Failure |
| <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Heart Transplant |
| <input type="checkbox"/> Cardiac Pacemaker | <input type="checkbox"/> Hypertrophic Cardiomyopathy |
| <input type="checkbox"/> Congenital Heart Disorder | <input type="checkbox"/> Implantable Cardioverter Defibrillator |
| | <input type="checkbox"/> Percutaneous Coronary Intervention (Angioplasty) |
| | <input type="checkbox"/> Other Cardiovascular: _____ |

3. HYPERTENSION

Does your patient have blood pressure consistently greater than 200 systolic or greater than 110 diastolic (treated or untreated)? No Yes

Blood pressure readings:

Systolic: _____ Diastolic: _____

4. DIABETES

Does your patient have diabetes controlled by medication? No Yes

If Yes, please complete the following.

Diabetes controlled by Insulin Tablet

Is your patient compliant with medication? No Yes

Does the patient experience early warning symptoms of hypoglycaemia? No Yes

Date of last episode: _____

Any end organ effects: please specify: _____

5. HEARING LOSS

Does your patient have severe hearing loss? No Yes

6. MUSCULOSKELETAL DISORDER

Does your patient have a musculoskeletal disorder? No Yes

If Yes, please complete the following.

Please tick the relevant condition(s):

Arthritis Other Musculoskeletal Disorders

Limb

Is the condition likely to affect driving? No Yes

7. NEUROLOGICAL / NEUROMUSCULAR CONDITIONS

Does your patient have a neurological / neuromuscular condition? No Yes

If Yes, please complete the following.

Please tick the relevant condition(s):

- | | |
|---------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Brain Aneurysm | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Seizure* |
| <input type="checkbox"/> Epilepsy* | <input type="checkbox"/> Space-occupying Lesion (brain tumour) |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Stroke** |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Subarachnoid Haemorrhage* |
| | <input type="checkbox"/> Other: _____ |

*Date of last episode: __ / __ / __

**Has the patient had a stroke in the last 12 months? No Yes

If Yes, please provide date: __ / __ / __

8. PSYCHIATRIC DISORDER

Does your patient have a severe mental health/nervous disorder? No Yes

If Yes, please complete the following.

Please tick the relevant condition(s):

- | | |
|-----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Bipolar Affective Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Chronic Depression | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Other: _____ |

Does your patient require medication? No Yes

If Yes - is your patient compliant with medication? No Yes

9. SLEEP DISORDER

Does your patient have a sleep disorder? No Yes

If Yes, please complete the following.

- Established Sleep Apnoea Syndrome
- Narcolepsy
- Other: _____

10. SUBSTANCE MISUSE

Does your patient currently misuse alcohol or drugs? No Yes

If yes, complete the following.

- Alcohol?
- Illicit drugs?
- Prescription drugs?

Any end organ effects: (please specify) _____

SECTION 5: MEDICAL PRACTITIONER'S DECLARATION

Under section 148 of the Motor Vehicles Act 1959 you have a legal obligation to inform the Registrar of Motor Vehicles if you have reasonable cause to believe that your patient is suffering from a physical or mental illness, disability or deficiency that is likely to endanger the public if your patient drives a motor vehicle.

If you consider it prudent you may recommend that your patient undertakes a practical driving assessment. This is irrespective of your patient's age or driver's licence class.

Patients who hold a licence other than a "car" licence are required to undergo a practical driving assessment at age 85 and every year thereafter.

If you consider that your patient may be unfit to drive, please immediately return the completed certificate to **Locked Bag 700, Adelaide SA 5001. Information may be immediately faxed to 8402 1977.**

It is recommended that you keep a copy of this form for your own records.

MEDICAL PRACTITIONER'S DECLARATION

On _____ / _____ / _____ I examined _____
(Date of Examination) (Patient's name)

This patient has been treated at this clinic for _____ years _____ months.

In my opinion the person who is the subject of this report:

Meets the relevant medical standard Yes No
If no, please provide details below:

Requires a practical driving test Yes No

Should a licence be issued subject to conditions? Yes No
If yes, please provide details below:

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

I certify that I personally examined the above named patient in accordance with the National Transport Commission's Assessing Fitness to Drive 2016 guidelines.

Medical Practitioner's signature Date _____ / _____ / _____

Medical Practitioner's name
Provider Number

Practice Address

Telephone Number

Facsimile Number

E-mail Address



Government of South Australia

Department of Planning,
Transport and Infrastructure

DEAR LICENCE HOLDER,

The Government of South Australia has removed mandatory annual medical assessments for C Class (car) licence holders who are aged 70 years or older and do not have a medical condition that may affect their fitness to drive.

You have been sent the enclosed Certificate of Fitness because you:

- a) have an existing medical condition that may affect your fitness to drive and this needs to be reviewed to ensure you remain fit to drive; and/or
- b) are aged at least 70 years and hold a licence class other than a car licence (e.g. motorcycles, light rigid or heavy vehicle). These drivers must continue to provide an annual Certificate of Fitness due to the increased risks associated with driving these types of vehicles.

Please complete section 1 before you see your doctor. If you are not sure about any of the questions in the Certificate you can ask your doctor. You might also be asked additional questions by your doctor during the assessment.

Your doctor must use the National Assessing Fitness to Drive Guidelines when determining your fitness to drive. If you need more information on the guidelines, please visit the Austroads website www.austroads.com.au, phone 13 10 84, email ServiceSA@sa.gov.au or visit the Department of Planning, Transport and Infrastructure (DPTI) website www.mylicence.sa.gov.au/medicalfitnesstodrive

If you are an older driver, you may be interested to know the Department has developed the program Moving Right Along: Obligations and Opportunities for Older Drivers. More information can be found by visiting the Department's Road Safety website at: www.movingrightalong.sa.gov.au

If you hold a licence class other than car, and wish to relinquish any licence class, you should take this letter and your current driver's licence to a Service SA customer service centre. There will be no charge for the re-issue of your car licence. Providing that you only hold a car licence and do not have a medical condition recorded against your licence, you will no longer be required to complete an annual medical assessment.

ADDITIONAL INFORMATION

The Registrar of Motor Vehicles has a responsibility to ensure that the holder of a driver's licence, or an applicant for a driver's licence, is medically fit to safely drive a vehicle. When completing the Certificate of Fitness, your health professional is required to confirm that you meet the medical standards contained in the national guidelines 'Assessing Fitness to Drive for Commercial and Private Vehicle Drivers' which are used by all health professionals and driver licensing authorities in Australia. The guidelines provide two sets of standards:

- Private - which applies to drivers applying for or holding a licence class C (car), R and R-Date (motorcycle) or LR (light rigid)
- Commercial - which applies to drivers who hold a class MR and above (medium to large truck) or holders of a class C (car) or LR (light rigid) who drive public passenger vehicles for hire or reward (bus drivers, taxi drivers, motor driving instructors, chauffeurs, drivers of hire cars and small buses etc) or who drive vehicles carrying dangerous goods. This standard is more stringent because of the greater road safety risk involved.

Instructions

- When making an appointment with your regular medical practitioner, explain the reason for the medical assessment and type of assessment (private or commercial).
- Take corrective lenses, hearing aids and the names of any medications you are currently taking to the appointment.
- Complete section 1 of the Certificate of Fitness form before the appointment.

Important Information

- If you have certain medical conditions, a report from your treating specialist may be required. Please refer to the list on the next page to see if a specialist report is required. Your treating specialist may conduct the medical assessment and complete the Certificate of Fitness. The Department of Planning, Transport & Infrastructure is not responsible for any costs.
- If you have multiple conditions, for example, diabetes controlled by insulin and sleep apnoea, you may be required to provide a medical report from each specialist.
- In areas where access to a specialist is limited, the licensing authority may permit the person's treating medical practitioner to provide an interim medical clearance for you to drive, pending a specialist report.
- If you require further information regarding your fitness to drive certificate you may call 13 10 84.

✓ = CONDITIONS WHICH REQUIRE A MEDICAL SPECIALIST TO COMPLETE THE CERTIFICATE OF FITNESS RATHER THAN YOUR DOCTOR		
CONDITIONS	PRIVATE STANDARDS	COMMERCIAL STANDARDS
BLACKOUTS		✓
ACUTE MYOCARDIAL INFARCTION (AMI OR HEART)		✓
ANGINA	✓ (IF UNSTABLE)	✓
ANGIOPLASTY (PERCUTANEOUS CORONARY INTERVENTION)		✓
CARDIAC ANEURYSMS	✓	✓
CARDIAC ARREST		✓
CARDIAC PACEMAKER		✓
CONGENITAL HEART DISORDERS	✓	✓
CORONARY ARTERY BYPASS GRAFTING (CABG)		✓
DILATED CARDIOMYOPATHY		✓
HYPERTROPHIC CARDIOMYOPATHY (HCM)	✓	✓
HEART FAILURE		✓
HEART TRANSPLANT	✓	✓
HYPERTENSION*		✓
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)	✓	NO COMMERCIAL LICENCE PERMITTED
OTHER CARDIOVASCULAR		✓
DIABETES CONTROLLED BY MEDICATION OTHER THAN INSULIN		✓
DIABETES TREATED BY INSULIN		✓
HEARING LOSS	NO MEDICAL REVIEW REQUIRED	✓
SEVERE ARTHRITIS		
LIMB		
OTHER MUSCULOSKELETAL DISORDERS		
BRAIN ANEURYSM	✓	✓
DEMENTIA		✓
HEAD INJURY		✓
SEIZURES AND EPILEPSY		✓
STROKE	✓	✓
SPACE-OCCUPYING LESIONS INCLUDING BRAIN TUMOURS		✓
SUBARACHNOID HAEMORRHAGE		✓
OTHER NEUROLOGICAL DISORDER		✓
CEREBRAL PALSY		✓
MULTIPLE SCLEROSIS		✓
MUSCULAR DYSTROPHY		✓
PARKINSON'S DISEASE		✓
OTHER NEUROMUSCULAR CONDITION		✓
ANXIETY DISORDER		✓
BIPOLAR AFFECTIVE DISORDER		✓
CHRONIC DEPRESSION		✓
PERSONALITY DISORDER		✓
POST TRAUMATIC STRESS DISORDER (PTSD)		✓
SCHIZOPHRENIA		✓
TOURETTE'S SYNDROME		✓
OTHER PSYCHIATRIC DISORDERS		✓
NARCOLEPSY	✓	✓
SLEEP APNOEA		✓
OTHER SLEEP DISORDERS		
SUBSTANCE USE DISORDER		✓
DIPLOPIA (DOUBLE VISION)	✓	NO COMMERCIAL LICENCE PERMITTED
MONOCULAR VISION (ONE EYE)	✓	✓
VISUAL ACUITY (if below standard)**	✓	✓
VISUAL FIELDS***	✓	✓
OTHER VISION DISORDER (if below standard)**	✓	✓

* You must see a specialist if you are the holder of a licence class MR, HR, HC, or MC and you have hypertension (high blood pressure) and the blood pressure is consistently greater than 170 systolic or greater than 100 diastolic (treated or untreated).

** You must see an Optometrist/Ophthalmologist if the visual acuity (with corrective lenses) in the better eye or with both eyes together is worse than 6/12 for holders of licence classes C, R, LR QR if the visual acuity (with corrective lenses) in the better eye is worse than 6/9 for holders of licence classes MR, HR, HC, MC.

*** You must see an Optometrist/Ophthalmologist if your visual field is worse than the criteria in the Assessing Fitness to Drive 2016 Guidelines.

