

## Health Assessment for Commercial Vehicle Driver

## CLINICAL ASSESSMENT RECORD

## Driver information:

Surname:	Given name(s):
Address:	
Date of birth:	Phone:
Driver licence number:	State of issue:

## Employer information:

Employer name:	
Address:	Phone:

## Nature of driving duties:

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## CLINICAL ASSESSMENT:

## 1. Vision

## 1.1 Visual acuity (refer AFTD, page 124, 129)

Are glasses or contact lenses worn?  Yes  No

	R	L	Both
Without Correction	6 /	6 /	6 /
With Correction	6 /	6 /	6 /

Meets criteria  Without correction  With correction

Does not meet criteria

1.2 Visual Fields  Normal  Abnormal (refer AFTD, page 125-26, 128)

## Comments:

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## 2. Hearing (refer AFTD, page 67-69 including flowchart)

Assess clinically in the first instance. Audiometry is only required if clinical assessment indicates possible hearing loss. (Clinical tests used to screen for hearing impairment include testing whether a person can hear a whispered voice, a finger rub, or a watch tick at a specific distance. Perceived hearing loss can be assessed by asking a single question (for example, "Do you have difficulty with your hearing?" as per the Driver Health Questionnaire)

Possible hearing loss?  Yes  No

If yes, are hearing aids worn?  Yes  No

Refer for audiometry if indicated:

	Hearing level at frequencies (db)							Average of 0.5, 1, 2, 3 kHz
	0.5kHz	1.0kHz	1.5kHz	2.0kHz	3.0kHz	4.0kHz	6.0kHz	8.0kHz
Right ear								
Left ear								

Meets criteria  Without hearing aid  With hearing aid

Does not meet criteria

## Comments:

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## SUMMARY

### Summarise significant findings

Are any further investigations or referrals required?  Yes (describe) No

### What is the recommendation for this driver in terms of fitness to drive?

- Unconditionally** meets the medical criteria – meets all relevant medical criteria (no restrictions)
- Conditionally** meets the medical criteria for fitness to drive – has a medical condition that may impact on fitness to drive but it is well controlled and meets the conditional criteria in *Assessing Fitness to Drive 2016*. Indicate also if:

- Driver requires aids to drive:

Vision aids  Hearing aids  Other devices or vehicle modifications (specify)

- Driver requires more frequent review than prescribed under normal periodic review:

Specify recommended review:

- Temporarily** does not meet the medical criteria (unconditional or conditional) – pending further investigation and treatment (record details).

- Permanently** does not meet the medical criteria (record details)

### Contact(s) with other treating health professional(s)

Note: Contact is to be made with patient's consent as per questionnaire

### Contact with requesting organisation (if relevant and clinically warranted)

- If the driver is classified *Temporarily* or *Permanently* does not meet the medical criteria, send Fitness to Drive Report immediately to requesting organisation, if relevant.

Details of contact made

Name of doctor

Signature of doctor

Date