

# Assessing Fitness to Drive

## Medical condition notification form

To: [Insert the address of your local driver licensing authority – refer to [Appendix 9: Driver licensing authority contacts](#)]

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.

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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.

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

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

Professional's address:

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Telephone: (       )

Fax: (       )

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Date of examination:

Signature:

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