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|  |
| **Health Assessment for Commercial Vehicle Driver** |

**CLINICAL ASSESSMENT RECORD**

**Driver information:**

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

**Employer information:**

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| Employer:       |
| Address:       |
| Contact name: | Phone:       |
| Contact email |

**Nature of driving duties (type of vehicle, hours and distances of driving, purpose of driving):**

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**CLINICAL ASSESSMENT:**

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| **The patient has been assessed to the following AFTD standard:** |
| [ ]  Commercial vehicle driver |
| **Health assessment history** |
| Date of driver’s last fitness to drive assessment | Date:       | [ ]  Not applicable or not known |

**Health professional comments:**

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| **1.** | **Vision**  |
| **1.1 Visual acuity** (refer AFTD, page 201, 210) |
| 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 203-204, 209) |

**Health professional comments:**

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| **2.** | **Hearing** (refer AFTD, page 105-109 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)** |  |
|  | **0.5kHz** | **1.0kHz** | **1.5kHz** | **2.0kHz** | **3.0kHz** | **4.0kHz** | **6.0kHz** | **8.0kHz** | **Average of 0.5,1,2,3 kHz** |
| Right ear  |       |       |       |       |       |       |       |       |       |
| Left ear |       |       |       |       |       |       |       |       |       |
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| Meets criteria | [ ]  Without hearing aid | [ ]  With hearing aid |  |
| Does not meet criteria  | [ ]  |  |  |

**Health professional comments:**

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| **3.** | **Cardiovascular system** (refer AFTD page 63-91) |

**Relevant findings from questionnaire:**

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| **Blood pressure** | Repeated (if necessary) |  |
| Systolic |       | Systolic |       |  |
| Diastolic |       | Diastolic |       |  |
|  |
| **Pulse rate** |       beats/min | [ ]  Normal | [ ]  Abnormal |
| **Heart sounds**  | [ ]  Normal | [ ]  Abnormal |
| **Peripheral pulses** | [ ]  Normal | [ ]  Abnormal |

**Health professional comments** (including comments regarding overall cardiac risk and risk factors e.g. obesity, smoking, exercise, stress):

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| **4.** | **Diabetes** (Refer AFTD page 92-104) |
| **Existing diabetes?** | [ ]  No | [ ]  Yes |

**Health professional comments** including comments about hypoglycaemia awareness and end organ effects and impact on driving:

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| **5.** | **Musculoskeletal / neurological system** (Refer AFTD page 112-119, 120-166) |

**Relevant findings from questionnaire** including existing neurological and musculoskeletal conditions and impact on driving:

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| Cervical spine rotation | [ ]  Normal  | [ ]  Abnormal |
| Back movement | [ ]  Normal  | [ ]  Abnormal |
| Upper limbs:  | (a) Appearance | [ ]  Normal  | [ ]  Abnormal |
| (b) Joint movements | [ ]  Normal  | [ ]  Abnormal |
| Lower limbs: | (a) Appearance | [ ]  Normal  | [ ]  Abnormal |
| (b) Joint movements | [ ]  Normal  | [ ]  Abnormal |
| Reflexes | [ ]  Normal  | [ ]  Abnormal |
| Romberg’s sign\* | [ ]  Normal  | [ ]  Abnormal |
| (\* A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds) |
| **Functional/ practical assessment required?** | [ ]  No  | [ ]  Yes |

**Health professional comments** including any impacts of chronic pain**:**

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| **6.** | **Psychological health** (Refer AFTD page 170-176) |

**Relevant findings from questionnaire:**

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**Mental state examination**:

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| --- | --- | --- |
| Appearance | [ ]  Normal | [ ]  Abnormal |
| Attitude | [ ]  Normal | [ ]  Abnormal |
| Behaviour | [ ]  Normal | [ ]  Abnormal |
| Mood and affect | [ ]  Normal | [ ]  Abnormal |
| Thought form stream and content | [ ]  Normal | [ ]  Abnormal |
| Perception | [ ]  Normal | [ ]  Abnormal |
| Cognition | [ ]  Normal | [ ]  Abnormal |
| Insight | [ ]  Normal | [ ]  Abnormal |
| Judgement | [ ]  Normal | [ ]  Abnormal |

**Health professional comments:**

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| **7.** | **Sleep disorders** (Refer AFTD page 179-186) |
| **Existing sleep disorder?** | [ ]  No | [ ]  Yes |
| **ESS Score (Screen):**(Q 5 of Driver Health Questionnaire) |       |
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| (Score = 16 to 24 is consistent with moderate to severe excessive daytime sleepiness. Do not rely solely on the ESS to rule out sleep apnoea) |

**Other relevant findings from questionnaire:**

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| **Clinical signs of sleep disorder** | [ ]  Absent | [ ]  Present |

**Health professional comments:**

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| **8.** | **Substance misuse** (Refer AFTD page 190 -197) |
| Note: Drug screening not routinely required.

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| **Existing substance use disorder?** | [ ]  No | [ ]  Yes |

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| **Audit Score (Screen):**(Q6 of Driver Health Questionnaire) |       |
|  |
| (Score > 8 indicates strong likelihood of hazardous or harmful alcohol consumption) |

**Other relevant findings from questionnaire:**

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| **Clinical signs of substance misuse** | [ ]  Absent | [ ]  Present |

**Health professional comments:**

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| **9.** | **Medication (Prescription and OTC)** |

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| Specify:       |

**SUMMARY:**

**Summarise significant findings**

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

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**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 2022*. Indicate also if:

[ ]  Driver requires aids to drive:

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| [ ]  Vision aids [ ]  Hearing aids [ ]  Other devices or vehicle modifications (specify)      |

[ ]  Driver requires more frequent review than prescribed under normal periodic review:

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| Specify recommended review:      |

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

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

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

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

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

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| [ ]  | 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 and advise driver accordingly. | Details of contact made      |

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| --- | --- | --- | --- | --- |
| Name of doctor  |  | Signature of doctor  |  | Date |
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