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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 | | |  | |  | |  | |  |  |  | |  |  |  |
|  | | | | | | | | |  | | | | | | |
| 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) | | |  | |
|  | | | | |
| (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.   |  |  |  | | --- | --- | --- | | **Existing substance use disorder?** | No | Yes | | | |
| **Audit Score (Screen):** (Q6 of Driver Health Questionnaire) | |  |
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| (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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