



Medical Certificate for Motor Vehicle Driver

Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 1973,
Transport Operations (Road Use Management) Act 1995

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion as to whether or not you meet the medical and/or visual standard for a driver licence for the class/es of licence you are applying for, renewing or currently hold.

Part 1 of this form should be completed by you before giving the form to your treating doctor;

Part 2 should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required);

Part 3 should be completed by the treating optometrist/ophthalmologist if the vision or eye disorder is not rectified by wearing glasses or contact lenses;

Part 4 Medical Assessment Information provides helpful information about this form.

This medical assessment should be conducted in accordance with the national medical standards (Commercial and Private Vehicle Drivers) Assessing Fitness to Drive 2012 (AFTD). This publication is available from the Department of Transport and Main Roads or the Austroads website www.austroads.com.au. For more information about medical conditions and medications, please refer to the Department of Transport and Main Roads website www.tmr.qld.gov.au.

Parts 1 and 2 of this form must be completed in full or it will not be accepted by the Department of Transport and Main Roads.

Part 1 Personal Details (to be completed by the driver)

1. Personal details

Family name

Given name/s

Date of birth

Male

Female

Residential address

Postcode

Licence number (if known)

State/Territory/Country of issue

2. What type of licence are you applying for or currently hold?

Learner

P, P1, P2 type

Open

3. What class/es of licence are you applying for or currently hold?

Motorbike (RE or R) Heavy Rigid (HR)

Car (C) Heavy Combination (HC)

Light Rigid (LR) Multi-Combination (MC)

Medium Rigid (MR) Specially Constructed Vehicle (UD)

4. Do you drive, or intend to drive--

- a vehicle with a GVM of more than 8t (class MR, HR, HC, MC, UD)?

No Yes see note 1*

- a public passenger vehicle (for example, bus, taxi, limousine)?

No Yes see note 1*

- a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs?

No Yes see note 1*

***Note 1:** Please complete page 1 of the **Private and Commercial Vehicle Driver's Health Assessment** (form F3195) before the assessment. You should be assessed using the commercial standards under the AFTD.

5. Do you need to wear glasses or contact lenses for driving?

No Yes

6. Have you been given a show cause notice, issued by a driver licensing authority or a police officer to amend, suspend or cancel your driver licence?

No Yes

7. Driver's declaration:

I understand that if I have stated anything on this form that is false or misleading the driver licence granted to me will be absolutely void and have no legal effect whatsoever.

I understand that I may be prosecuted for giving or stating any false or misleading information in relation to this form.

I declare that the information given to my treating doctor, optometrist or ophthalmologist (if required) about my medical condition is, to the best of my knowledge, true and correct. I give my consent for a departmental person to contact my treating doctor, optometrist or ophthalmologist (if required), for further information or clarification relevant to my medical condition or about my ability to drive safely the class of vehicle authorised to be driven under the licence applied for or currently held.

Driver's signature

Date

Privacy Statement: The Department of Transport and Main Roads collects this information under the provisions of the Acts nominated on this form so that you may confirm your medical fitness to drive a motor vehicle safely. The Department of Transport and Main Roads may disclose this information to interstate authorities that issue driver licences, pilot or escort vehicle driver accreditations, driver or rider training accreditations, traffic controller accreditations, dangerous goods vehicle licences, tow truck licences and driver authorisations, and the Queensland Police Service (QPS). Your information will not be disclosed to any other third parties without your consent, unless required or authorised by law.

Part 2 Medical Assessment (to be completed by treating doctor)

Please refer to national medical standards (Commercial and Private Vehicle Drivers) **Assessing Fitness to Drive 2012 (AFTD)** available at the Austroads website www.austroads.com.au. If you are uncertain of the impact of any medical condition on the person's ability to drive safely, the person should be referred to a specialist, physiotherapist or occupational therapist for an assessment. **Note:** Do not complete this Medical Assessment until you have received any necessary reports from the person's treating specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist. The responsibility for issuing, renewing, suspending or cancelling a person's licence (including a conditional licence) lies ultimately with the Department of Transport and Main Roads. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. For further information about this form, refer to Part 4 of this form or call the Department of Transport and Main Roads on 13 23 80.

1. Were you familiar with this person's medical history prior to this assessment?

No Yes

2. How long has this person been treated at this medical practice?

weeks/months/years

3. What is your assessment of the person's visual acuity?

(Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)

R 6 / L 6 / Binocular 6 /

3.1 Visual fields (confrontation to each eye)

Normal Abnormal

4. Does this person need to wear glasses or contact lenses for driving?

(Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)

No Yes Code S will be shown on the licence

5. Does this person have any other vision or eye disorders?

(Note: Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses)

No Yes Code M may be shown on the licence

6. In my opinion, the person named in this report:

- A. Meets the medical criteria for an unconditional licence
- B. Meets the medical criteria for an unconditional licence as medical condition has improved and no longer needs a conditional licence and requires no further review (code M will be removed from the licence).
- C. Meets the medical criteria for a conditional licence and requires further review (code M will be shown on the licence).

Other recommended conditions/restrictions

- A - vehicle fitted with automatic transmission
- B - vehicle fitted with synchromesh gearbox
- V - vehicle specially modified to suit the person's physical disability*
- other stated 'recommended' conditions*

* (refer to Table 3 Licence Conditions on page 14 AFTD). Provide details of the recommended driver aids, vehicle equipment/modification or any other recommended conditions in question 9.

D. Does not meet the medical criteria as set out in the AFTD.

7. What medical standards according to vehicle/licence type did you refer to in the AFTD for this medical assessment?

Private Standards Commercial Standards

Licence class/es

8. Does this person's medical condition require periodic review? (refer to AFTD)

No (Meets the medical criteria for an unconditional licence with no further assessment)

Yes **What is the Medical Certificate review/expiry date?**
(From 1 January 2014, if the person is 75 or older the maximum review/expiry date is 12 months from the date of issue)

9. Details of other recommended conditions/restrictions (Please also consider any recommended conditions/restrictions stated in Part 3 of this form)

Doctor's details (please print)

Name Telephone number

Address (office stamp)


Signature

Date

/ /

TRB Forms Area Form F3712 V01 Mar 2015
This 'tear-off' medical certificate must be carried when driving.

Licence number (if known)

 **Queensland Government**

Medical Certificate for Motor Vehicle Driver

(To be completed by the treating doctor if the driver is 75 years or older or question 8C of Part 2 has been completed)

Name of driver (please print)

Medical Certificate Issue date / /

Review/expiry date (provide details from question 8) / /

Licence class/es (provide details from question 7)

Driving conditions/restrictions (provide details from questions 6C and 9)

fold here

Signature

Doctor's details

Name (please print)

Address and contact telephone number (office stamp)

fold here

Part 3 Eyesight Assessment (to be completed by **optometrist or ophthalmologist**)

This assessment should be conducted in accordance with the national medical standards (Commercial and Private Vehicle Drivers) **Assessing Fitness to Drive 2012** (AFTD) available at the Austroads website www.austroads.com.au.

This eyesight assessment is only to be used to make a medical determination of a person's visual or eye condition and not a holistic fitness to drive assessment. The completed assessment must be returned to the treating doctor and should only be used in conjunction with Parts 1 and 2. The Department of Transport and Main Roads will not accept this Part 3 without the completion of Parts 1 and 2. Part 3 is not to be used as a stand alone assessment.

1. What medical standards did you refer to in the AFTD to assess this person's eyesight?

Private Standards Commercial Standards

2. In my opinion, the person named in this report:

- A. Meets the visual criteria for an unconditional licence
- B. Meets the visual criteria for an unconditional licence as visual condition has improved and **no longer needs a conditional licence** and requires no further review.
Code M may be removed from the licence once the treating doctor has completed Part 2 and considers there are no other conditions/restrictions. Provide details opposite.
- C. Meets the visual criteria for a conditional licence and requires further review (code M will be shown on the licence).
Other recommended conditions/restrictions
(refer to **Table 3 Licence Conditions** on page 14 AFTD).
Provide details opposite.
- D. Does not meet the visual criteria as set out in the AFTD.

Recommended conditions/restrictions

3. What is your assessment of the person's visual acuity?

R 6 / L 6 / Binocular 6 /

4. Does this person need to wear glasses or contact lenses for driving?

No Yes Code S will be shown on the licence.

5. Visual fields

Visual fields tested by confrontation or automated perimetry
Normal
Abnormal

Optometrist's/ophthalmologist's details (please print)

Name	Telephone number
Address (office stamp)	
Postcode	
Signature	Date
	/ /