

# Assessing fitness to drive 2022

## 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:	
Address:	
Contact name:	Phone:
Contact email	

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

--

### CLINICAL ASSESSMENT:

#### 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:

--

### 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:

--

**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:**

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

**Relevant findings from questionnaire:**

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):

**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:

**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:

- |                             |                                 |                                   |
|-----------------------------|---------------------------------|-----------------------------------|
| Cervical spine rotation     | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Back movement               | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Upper limbs: (a) Appearance | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| (b) Joint movements         | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Lower limbs: (a) Appearance | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| (b) Joint movements         | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Reflexes                    | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Romberg's sign*             | <input type="checkbox"/> Normal | <input type="checkbox"/> 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:

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

Relevant findings from questionnaire:

Mental state examination:

- |                                 |                                 |                                   |
|---------------------------------|---------------------------------|-----------------------------------|
| Appearance                      | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Attitude                        | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Behaviour                       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Mood and affect                 | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Thought form stream and content | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Perception                      | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Cognition                       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Insight                         | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Judgement                       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |

Health professional comments:

**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:**

**Clinical signs of sleep disorder**

Absent

Present

**Health professional comments:**

**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)

(Score > 8 indicates strong likelihood of hazardous or harmful alcohol consumption)

**Other relevant findings from questionnaire:**

**Clinical signs of substance misuse**

Absent

Present

**Health professional comments:**

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

Specify:

**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 2022*. 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 and advise driver accordingly.

Details of contact made

Name of doctor	Signature of doctor	Date