

Medical Condition Notification Form

To: _____

[Add the address of your local driver licensing authority from [Appendix 9: Driver licensing authority contacts](#) in *Assessing fitness to drive 2022*.]

Patient details [please print]:

Title:

Surname:

Given names:

Full address:

Date of birth: ___ / ___ / _____

Licence no.:

Health professional's details [please print]:

Reporting professional's name:

Professional's address:

Phone:

Email:

Date of examination: ___ / ___ / _____

Signature:

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, 2022*.

Private vehicle standards

Commercial vehicle standards

I have known/treated the patient since (insert date): ___ / ___ / _____

In my opinion and in accordance with standards in *Assessing fitness to drive*, the person who is the subject of this report:

- Meets the medical criteria to hold an unconditional licence
- Does not meet the medical criteria to hold an unconditional licence but may meet the medical criteria to hold a conditional licence
- Does not meet the medical criteria to hold an unconditional or conditional licence
- Has had an improvement in their medical condition such that they meet the criteria for an unconditional or conditional licence
- Requires further examination

Please provide information to support this assessment.

Please describe the nature of the condition and provide information to support consideration of the licensing decision, including information used to evaluate against the medical criteria, consideration of the driving task, or recommendations for further examination:

If applicable, 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:

For conditions that have improved, 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:

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