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| This notification is to accompany the patient’s application for a Northern Territory dangerous goods driver’s licence. | | | | | | | | | | | | | | | | | | | | | |
| **Patient details** | | | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | | | | | Date of birth: | | |  | | |
| Given names: | |  | | | | | | | | | | | | | | | | | | | |
| Licence number: | |  | | | | | | | | | | | | | | | | | | | |
| Residential address: | |  | | | | | | | | | | | | | | | | | | | |
| Phone number: | |  | | | | | | | | | Mobile number: | | | |  | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | |
| **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 current Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2022 available online from the Austroads website; [www.austroads.com.au](file:///C:\Users\felisam\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\FN5L6KMR\www.austroads.com.au). | | | | | | | | | | | | | | | | | | | | | |
| Commercial standards | | | | |  | | Private standards | | | | | |  | | | | | | | | |
| I have known/treated the patient since (insert date): | | | | | | | | |  | | | | | | | | | | | | |
| In my opinion and in accordance with standards in Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2022, 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 below:** | | | | | | | | | | | | | | | | | | | | | |
| 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 attached. | | | | | | | | | | | | | | | | | | | | |  |
| **Health professional’s details and declaration**  I certify that I have examined the applicant in accordance with the relevant National Medical Standards for commercial drivers as set out in Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2022. | | | | | | | | | | | | | | | | | | | | | |
| Reporting professional’s name: | | | | | |  | | | | | | | | | | | | | | | |
| Professional’s address: | | |  | | | | | | | | | | | | | | | | | | |
| Phone number: | | |  | | | | | Email address: | | | |  | | | | | | | | | |
| Professional’s signature: | | |  | | | | | | | | | | | Examination date: | | | | | |  | |
| **Patient’s declaration** | | | | | | | | | | | | | | | | | | | | | |
| I do solemnly and sincerely declare:   * that I have truthfully disclosed all relevant medical information relating to my health to the Health Professional for the purpose of conducting an assessment of my medical fitness to drive by virtue of the *Oaths, Affidavits and Declarations Act 2010; and* * I give NT WorkSafe consent to make any inquiries and to receive and disclose any information relevant to my medical history with the Motor Vehicle Registry and other road authorities when determining my eligibility to hold a Dangerous Goods driver's licence. | | | | | | | | | | | | | | | | | | | | | |
| Patients signature: | | | |  | | | | | | | | | | | | | Date: |  | | | |
| **To the Driver/Applicant** | | | | | | | | | | | | | | | | | | | | | |
| * Make an appointment with your medical practitioner. * As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose. * Please bring with you to the assessment: * A list of current prescription, non-prescription and complementary medicines * Glasses/contact lenses and hearing aids if you use them * Disease management plans (e.g. sleep disorder management plan, diabetes management plan). Take this form to the appointment for your doctor to complete. * You are required by law to advise NT WorkSafe of any conditions that may affect your ability to drive. You should make the doctor aware of any medical conditions you may have so that your doctor can advise NT WorkSafe on your behalf, using this form. | | | | | | | | | * If the medical report has been requested for a particular reason, you should let your practitioner know this reason. * You should let your doctor know if you hold or are applying for a heavy vehicle licence, as the medical requirements for drivers of such vehicles are stricter. * On completion of the examination the doctor will provide you with the form to return to NT WorkSafe. * Payment for the medical examination is the responsibility of the licence holder/applicant. * Withdrawal of licence – If NT WorkSafe takes away your licence on the basis of a medical report, you may be re-licensed when you provide medical evidence which indicates that you have met the national medical standards. You should be aware that you have the right to seek a review of any decision affecting your licence. * Any queries regarding licensing may be directed to the NT WorkSafe on 1800 019 115. | | | | | | | | | | | | |
| **To the Health Professional** | | | | | | | | | | | | | | | | | | | | | |
| * The examination must be conducted in accordance with the national medical standards described in *Assessing Fitness to Drive 2022*. This publication is available from the web: <https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive>. It details the examination process and provides examination proforma to guide you. * Upon completion of the examination please complete and sign the certificate overleaf. * Distribute the completed certificate as follows: * Provide the original certificate (together with additional information relevant to the patient’s fitness to drive) to the patient for them to present to NT WorkSafe. * Retain a copy for the patient’s medical record together with detailed examination notes. * Information not relevant to the patient’s fitness to drive should not be forwarded to NT WorkSafe. | | | | | | | | | * If you have doubts about your patient’s suitability to drive, you may suggest a driver assessment or referral to a suitable specialist. Please indicate this on the form. * If you have any doubts about the information required, or wish to discuss the case personally, please contact NT WorkSafe. * Indemnity – Northern Territory legislation mandates reporting of unﬁt drivers by health professionals, thereby affording indemnity to practitioners who conduct an examination and provide NT WorkSafe with an opinion based on that examination. * Criminal Liability & Insurance – Health professionals may be liable under civil law in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of health professionals and may reasonably expect health professionals to comply with the national medical standards. | | | | | | | | | | | | |
| **Occupational Therapy Driver Assessment** | | | | | | | | | | | | | | | | | | | | | |
| * Trained occupational therapists may conduct a driver assessment where there is a medical concern about the patient's ability to drive safely. * The aim of the occupational therapy assessment is to assist people with impairments to resume or continue driving. There are two components of the assessment. The first part of the assessment aims to evaluate the person’s difficulties. This involves an interview, vision screen, cognitive function test, assessment of physical strength, motor skills, reaction time, road law and road craft. The need for specialist equipment of vehicle modifications is considered at this time. | | | | | | | | | * The on-road assessment takes a standard approach but can be designed to meet individual needs. It is conducted in a dual controlled vehicle, accompanied by a driving instructor and where necessary set up with special requirements or modifications to meet the needs of the client. The assessment is structured to assess the impact of injury, illness or the ageing process on driving skills such as judgement, decision-making skills, observation and vehicle handling. * Provided the overall driver is safe, the ‘bad habits’ that an experienced driver might display may not result in failure. | | | | | | | | | | | | |
| **Conditions and Restrictions** | | | | | | | | | **Motor Vehicle Registry Driver Assessment** | | | | | | | | | | | | |
| * If appropriate, the practitioner may recommend conditions which may enhance driver competency or safety and allow their patient to continue to drive (e.g. corrective lenses, no night driving, additional mirrors). * If the practitioner recommends a conditional licence, details of the recommended restrictions and reasons must be provided, otherwise a conditional licence will not be considered. * If the practitioner believes that vehicle modifications are necessary (e.g. hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the patient will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary. | | | | | | | | | * Where there is a concern about a person’s ability to drive safely, a driving test is necessary. * Assessments of this nature are generally conducted in consultation with an occupational therapist trained in this area | | | | | | | | | | | | |