

Medical Certificate for Motor Vehicle Driver

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

The following information is provided to guide you through the process of when you have a permanent, or long-term medical condition and a medical assessment is required to determine whether you meet the medical criteria for the class of driver licence you currently hold, or the class of driver licence you are applying for.

Your treating doctor will undertake your medical assessment in accordance with the nationally consistent medical standards set out in the Austroads Assessing fitness to drive for commercial and private vehicle drivers (AFTD) publication.

Notifying the Department of Transport and Main Roads (TMR)

If you are applying for a licence you must notify TMR about any mental or physical incapacity that is likely to adversely affect your ability to drive safely.

If you hold a Queensland or a non-Queensland licence, you also have a legal obligation to notify TMR of any new, permanent, or long-term medical condition, or any increase in that condition that is likely to adversely affect your ability to drive safely. This must be done before you continue to drive.

TMR can legally require you to give medical evidence (i.e. a current *Medical Certificate for Motor Vehicle Driver (form F3712)* completed by your treating doctor) about whether you meet the medical criteria for the class of driver licence you hold, or the class of driver licence you are applying for.

Getting your completed Medical Certificate for Motor Vehicle Driver (form F3712)

- Make an appointment with your treating doctor to determine if you have a
 permanent, or long-term medical condition that is likely to adversely affect your
 ability to drive safely. When making your appointment, advise the receptionist
 why you are making the appointment as this kind of medical assessment may take
 longer than a standard consultation. You are responsible for payment of any fees
 that are charged by health professionals for their services.
- To assist your treating doctor with your medical assessment, complete the health questionnaire on page 1 of the *Private and Commercial Vehicle Driver's Health Assessment (form F3195)* prior to your appointment and give it to your treating doctor. Your treating doctor will complete page 2 as part of their medical assessment and will generally retain the completed form for their records. This form is not compulsory. However, it may assist your doctor in making a medical assessment. For a copy of the form, go to tmr.qld.gov.au/Find-a-form and search 'F3195'
- You will also need to complete Part 1 of this form prior to your appointment and give it to your treating doctor at the commencement of your medical assessment.
- If the medical assessment has been requested for a particular reason e.g. you have been issued a show cause notice on medical grounds by TMR, you need to advise your treating doctor of this reason. If you need to wear glasses or contact lenses when driving, make sure you take these with you to your appointment.
- If you drive, or intend to drive a vehicle for commercial reasons (e.g. a class MR, HR, HC or MC vehicle, drive a bus or a personalised transport service etc.), you must tell your treating doctor so that you are assessed correctly under the commercial standards in the AFTD.

- If your treating doctor thinks it is necessary, or the AFTD requires it, you may be
 required to be assessed by an appropriate specialist before your treating doctor is
 able to provide TMR with an opinion about whether you meet the medical criteria
 for a driver licence.
- If your treating doctor has referred you to an optometrist or ophthalmologist, Part
 3 of this form must be completed by your treating optometrist or ophthalmologist.
 If you need to wear glasses or contact lenses when driving, take these with you to
 your appointment.
- Any reports from your specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist must be given to your treating doctor before they can complete Part 2 of this form and provide an opinion regarding your medical fitness to drive.

If there is a delay in seeing your specialist

If there is a delay before you can see a specialist, talk to your treating doctor about whether you meet the criteria to hold a conditional licence. If so, your doctor may issue you with an interim *Medical Certificate for Motor Vehicle Driver (form F3712)* to cover this period on the provision that you have an appointment booked and your medical condition is not likely to lead to an acute incapacity, or loss of concentration before you see the specialist.

Your completed Medical Certificate for Motor Vehicle Driver (form F3712)

You can present this completed form at your nearest TMR customer service centre, or you can send it via:

Email: mcr@tmr.qld.gov.au

Mail: Department of Transport and Main Roads

Locked Bag 2000

Red Hill Rockhampton Qld 4701

Fax: 4931 1624

TMR will consider the opinion of your treating doctor and any recommended conditions/restrictions and make a decision about whether you are eligible for the class of driver licence you currently hold, or the class of driver licence that you are applying for.

Indemnity for health professionals

The *Transport Operations (Road Use Management) Act 1995* provides indemnity against liability, both civilly or under an administrative process, for health professionals who give information in good faith to TMR about a person's medical fitness to hold, or to continue to hold a Queensland driver licence.

For more information

For more information about medical conditions and driving, please visit www.qld.gov.au/transport/licensing/update/medical or call 13 23 80*.

*Check with your service provider for call costs.

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Privacy Statement: TMR 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. TMR 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.



Medical Certificate for Motor Vehicle Driver

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

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion about whether you meet the medical and/or visual standards for a driver licence for the class/es of licence you currently hold, or the class of driver licence you are applying for.

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 your treating optometrist/ophthalmologist if your vision or eye disorder is not rectified by wearing glasses or contact lenses.

This medical assessment should be conducted in accordance with the national medical standards in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* (AFTD) publication. This publication is available from the Austroads website www.austroads.com.au. For more information about medical fitness to drive, please visit www.qld.gov.au/transport/licensing/update/medical.

Important: Parts 1 and 2 of this form must be completed in full or it will not be accepted by TMR. Part 1 - Personal Details (to be completed by the driver) 1. Personal details Family name Given name/s Date of birth (dd/mm/yyyy) / / / Residential address	 3. 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* a public passenger vehicle (e.g. a bus or a personalised transport vehicle)? No Yes see note* a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs? No Yes see note* *Note: To assist your treating doctor with your medical assessment, please complete page 1 of the <i>Private and Commercial Vehicle Driver's Health Assessment (form F3195)</i> prior to attending your appointment. You will be assessed against the commercial standard in the AFTD. 4. Do you need to wear glasses or contact lenses for driving? No Yes 5. Has your most recent driver licence been cancelled, or
Postcode Postal address (if same as residential address, write 'as above')	downgraded on medical grounds, or have you been given a notice proposing the cancellation, or downgrade of your driver licence on medical grounds by any driver licensing authority, or police officer? No Yes
Email address Licence number (if known) State/Territory/Country of issue	6. Do you agree to the amendment of your Queensland driver licence for the purpose of adding/removing a condition or class? Yes No If your driver licence requires amendment you will need to complete a separate <i>Driver Licence Amendment (form F4358)</i> , which may delay the reissue of your driver licence.
2. What class/es of licence are you applying for or currently hold? Motorbike (RE or R) Heavy Rigid (HR) Heavy Combination (HC) Light Rigid (LR) Multi-Combination (MC) Medium Rigid (MR) Specially Constructed Vehicle (UD)	7. Driver's declaration: I declare that the information I have provided on this form and to my treating doctor is true and complete. I understand that the TMR may contact my treating doctor for further information about my medical fitness to drive, or to clarify the information that has been provided in this form. I authorise TMR to contact my relevant health professional as it relates to my suitability to apply for, or hold a drivers licence. I further understand that action may be taken to amend, suspend, or cancel my driver licence or authority to drive in Queensland if it is proven the driver licence was obtained on the basis of information that I knew was false or misleading, and that I may be prosecuted as a result. Driver's signature
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n Ro <u>ads - Medical Cerillic</u> ale for Motor Venicle Drive _o Depart <u>ment of</u> Trans <u>port and Main Roads - Medical Ce</u> rt	Doctor's details Doctor's details Signature 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Part 2 - Medical Assessment (to be completed by the treating doctor) Meets the medical criteria for a conditional licence. Important Information Please mark **one or more** of the following boxes to Your medical assessment must be conducted in accordance with the medical indicate the conditions. standards in Austroads Assessing fitness to drive for private and commercial motor vehicle drivers (AFTD) publication, which is available at person has a permanent or long-term medical www.austroads.com.au. condition, which is not likely to adversely affect their You must assess the person against the commercial standards if they are: ability to drive safely and requires a further medical - applying for, or currently hold a class MR, HR, HC or MC driver licence review (M condition will be added)* - driving, or intending to drive a public passenger vehicle (e.g. a bus or a What is the medical certificate expiry date? personalised transport service etc.), or a vehicle to transport dangerous goods in a receptacle with a capacity of more than 500L or 500kg. · If the AFTD states that assessment by a specialist is required, then you must refer (the expiry date must not be longer than the review period the person to the relevant specialist. stated in the AFTD, or if the person is 75 years or older the If you are uncertain about the impact of the person's medical condition on their maximum period is 13 months from date of issue) ability to drive safely, you can refer the person to a specialist, physiotherapist, vehicle must be fitted with an automatic transmission occupational therapist, optometrist or ophthalmologist for an opinion. (A condition will be added) Do not complete Part 2 Medical Assessment until you have received all of the vehicle must be fitted with a synchromesh gearbox necessary reports back from the person's specialist, physiotherapist, occupational (B condition will be added) therapist, optometrist or ophthalmologist. · All driver licensing decisions are the responsibility of TMR and your vehicle must be modified to suit the person's physical recommendation regarding the person's medical fitness to drive, is considered as disability (V condition will be added) part of the decision making process. Please specify the type of vehicle modification/s For more information on medical conditions and driving please visit www.qld.gov.au/transport/licensing/update/medical or call 13 23 80. other condition/s and/or restriction/s 1. Were you familiar with this person's medical history (M condition will be added)* prior to this assessment? Please specify the type of condition/s and/or restriction/s How long has this person been treated at this medical practice? weeks/months/years See Question 5 on Part 1 of this form. If you are not familiar with the person's medical history, or you haven't been involved in any previous (refer to Table 4 Licence Conditions on page 23 of the AFTD) assessment of the person's medical fitness to drive, this assessment should generally be more thorough than a normal consultation. Particularly What is the medical certificate expiry date? where the person has had their driver licence suspended, cancelled, or downgraded on medical grounds. 2. What is your assessment of the person's visual acuity? Does not meet the medical criteria for a driver licence. Do not complete if Part 3 has been completed by an optometrist or ophthalmologist. *You must complete the tear off Medical Certificate for Motor Vehicle Driver located at the bottom of page 2. Binocular 2.1 Visual fields (confrontation to each eye) 6. What medical standard did you refer to in the AFTD for Normal Abnormal this medical assessment? ▶ A class C (car), RE or R (motorcycle), 3. Does this person need to wear glasses or contact LR (light rigid) driver licence, unless the lenses for driving? person is authorised, or applying for Do not complete if Part 3 has been completed by an optometrist or ophthalmologist authorisation to carry public passengers (for hire or reward) or dangerous goods. Code S will be shown on the licence. Commercial A class MR (medium rigid), HR (heavy 4. Does this person have any other vision or eye rigid), HC (heavy combination), MC (multidisorders? Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses. combination) driver licence, a person who is authorised or apply for authorisation to Code M may be shown on the licence. carry public passengers (for hire or reward) or dangerous goods. 5. Please choose one recommendation (A, B or C) regarding the person's medical fitness to drive. In your opinion, the person meets the above medical standard to hold what class/es of licence? Meets the medical criteria for an unconditional licence. Please mark one of the following boxes to indicate the reason why. person does not have a permanent or long-term Doctor's details (please print) medical condition Contact number person has a permanent or long-term medical condition and the AFTD provides the person is fit to hold an unconditional licence Email address person's medical condition has improved. The person no longer needs a conditional licence and requires no further medical review (M condition will be removed) Address (office stamp) person has a non-progressive medical condition, which does not require a further medical review and they do not need to drive a modified vehicle, or a vehicle that has an automatic transmission person is 75 years or older and has no permanent or Signature Date long-term medical condition* / / What is the medical certificate expiry date?

(maximum period is 13 months from date of issue)

Part 3 - Eyesight Assessment (to be completed by the treating optometrist or ophthalmologist) - if required

This assessment should be conducted in accordance with the standards provided in the Austroads Assessing fitness to drive for private and commercial vehicle drivers (AFTD) publication, which is available at the Austroads website www.austroads.com.au.

The purpose of this eyesight assessment is so that an optometrist, or ophthalmologist may provide an opinion to the treating doctor about whether a person meets the visual criteria for a driver licence and any recommended conditions/restrictions. An eyesight assessment is not a holistic assessment of a person's medical fitness to drive, and therefore, should not be used as a standalone assessment.

The completed assessment must be returned to the treating doctor who will consider it in conjunction with Parts 1 and 2 of the *Medical Certificate for Motor Vehicle Driver* form. TMR will not accept Part 3 without the completion of Parts 1 and 2 of the *Medical Certificate for Motor Vehicle Driver* form.

1. What med	ical standards (did you refer to in	n the AFTD to a	assess this person's eyesig	ht?	
Private Sta	indards	Commercial Stan	dards			
	· •	named in this re eria for an uncond	-	Recommended conditions	s/restrictions	
lice long no f Coo trea ther	nce as visual co ger needs a con urther review. e M may be rem ting doctor has c	eria for an uncono ndition has improva ditional licence a loved from the lice completed Part 2 a pnditions/restriction	red and no and requires ance once the and considers			
 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 Table 4 Licence Conditions on page 23 AFTD). Provide details opposite. 						
D. Doe	s not meet the vis	sual criteria as set o	ut in the AFTD.			
3. What is yo	ur assessment	of the person's v	visual acuity?			
R 6/	L 6/	Binocular	6/			
	<u> </u>	wear glasses or		for driving?		
5. Visual fiel Visual field Normal Abnormal	s tested by confi	rontation	or automated p	erimetry		
Optometrist ' Name	s/ophthalmolog	jist's details (plea	ase print)		Contact number	
					()	
Address (offic	e stamp)					
0: 1			D 1		Postcode	
Signature			Date / /			