



Driver medical assessment

The NSW Department of Education through the Assisted School Travel Program (ASTP) requires that driver applicants provide medical evidence of their suitability to drive and/or undergo a driver assessment. Drivers must also meet the Roads and Maritime Services (RMS) requirements for commercial driver standards before the ASTP can assess their application.

i Payment for the medical examination is the responsibility of the driver applicant.

CHECKLIST FOR THE DRIVER APPLICANT

<input type="checkbox"/>	Make an appointment with your registered medical practitioner <input type="checkbox"/> Advise the receptionist when making the appointment that you are attending for a driver medical assessment.
<input type="checkbox"/>	Take this entire document to the appointment for your medical practitioner to complete <input type="checkbox"/> If you wear glasses, contact lenses or use a hearing aid, please bring them to the assessment. <input type="checkbox"/> Inform the medical practitioner of any medical conditions you may have so that they can advise the ASTP on your behalf, using this form. <input type="checkbox"/> Let your medical practitioner know if you hold or are applying for a heavy vehicle licence, as the medical requirements for drivers of such vehicles are stricter.
<input type="checkbox"/>	After the medical examination is complete, read the completed medical assessment certificate <input type="checkbox"/> If you meet the criteria for an unconditional approval, then the medical practitioner will tick box 1 or 2 and provide you with the form to return with your application. <input type="checkbox"/> If the medical practitioner ticks boxes 3, 4 and or 5, contact your nearest RMS office to obtain a copy of the RMS medical report. <input type="checkbox"/> When your medical practitioner has certified that you do meet the commercial driver standards, provide the ASTP with a copy of the medical specialist's report cover sheet only.

CHECKLIST FOR THE MEDICAL PRACTITIONER

<input type="checkbox"/>	Before the medical examination, familiarise yourself with the Assessing Fitness to Drive publication <input type="checkbox"/> Download a free online version or purchase a printed copy. This publication details the examination process and provides an examination proforma to guide you.
<input type="checkbox"/>	Upon completion of the examination, please complete and sign the medical assessment certificate <input type="checkbox"/> Provide an opinion as to whether the patient meets the criteria for an unconditional approval by ticking the appropriate boxes listed under <i>Assessment of Fitness to Drive</i> on the certificate. <input type="checkbox"/> Suggest a driver assessment or referral to a suitable specialist (e.g. Occupational Therapist) if you have doubts about the patient's suitability to drive. Please indicate this on the form.
<input type="checkbox"/>	Distribute the completed medical examination certificate <input type="checkbox"/> Provide the original certificate, together with additional information relevant to the patient's fitness to drive, to the patient for them to present to the ASTP. <input type="checkbox"/> Retain a copy for the patient's medical record together with detailed examination notes. <input type="checkbox"/> Contact the ASTP on 1300 338 278 if you have any doubts about the information required, or wish to discuss the case personally.



Medical assessment certificate

APPLICANT DETAILS *(to be completed by the applicant)*

First name: _____ Last name: _____

Other given names: _____

Date of birth (DD/MM/YYYY): _____ Gender: _____

Driver licence number: _____ State: _____ Expiry date: _____

I consent to the NSW Department of Education contacting my medical practitioner to verify the information contained in the medical certificate provided and obtain any further information relevant to my fitness to drive a vehicle under contract to the department.

Applicant's signature: _____ Date: _____

ASSESSMENT OF FITNESS TO DRIVE *(to be completed by the medical practitioner)*

Were you familiar with the patient's medical history prior to this examination? Yes No

I certify that I have examined the above mentioned patient in accordance with the relevant medical standards for commercial vehicle drivers as set out in the [Assessing Fitness to Drive](#).

In my opinion, the person (please tick appropriate box below):

- 1. Meets the relevant criteria for an unconditional approval and requires no further assessment
- 2. Meets the relevant criteria under the standards for a conditional licence (list medical conditions below)
- 3. Requires appropriate specialist's assessment (if a periodic review is required, provide the details)
- 4. Requires practical driving test
- 5. Requires occupational therapist assessment

Medical condition(s): _____

Date of examination: _____

MEDICAL PRACTITIONER DETAILS

First name: _____ Last name: _____

Practice address: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

Email address: _____

Signature: _____ Provider no: _____ Date: _____