



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 (the department)

If you hold a Queensland driver licence, or are applying for a Queensland driver licence, you have a legal obligation to notify the department as soon as you become aware of any permanent, or long-term medical condition that is likely to adversely affect your ability to drive safely.

The department 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.

Forms required

Private and Commercial Vehicle Driver's Health Assessment (form F3195). This form has been developed to assist your treating doctor with their medical assessment to determine whether you meet the medical criteria for a conditional, or unconditional driver licence. The completed *Private and Commercial Vehicle Driver's Health Assessment (form F3195)* will be retained by your treating doctor as part of their records.

Medical Certificate for Motor Vehicle Driver (form F3712). This form has been developed so that your treating doctor and/or optometrist, or ophthalmologist may provide an opinion to the department about whether you meet the medical criteria for a driver licence and any recommended conditions/restrictions that should be associated to your driver licence.

Health professional fees

You are responsible for payment of any fees that are charged by health professionals for their services. Such fees are set at the discretion of each individual health professional.

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.
- 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.
- You will also need to complete Part 1 of the *Medical Certificate for Motor Vehicle Driver (form F3712)* 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 the department, 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 the department 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 the *Medical Certificate for Motor Vehicle Driver (form F3712)* 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 the *Medical Certificate for Motor Vehicle Driver (form F3712)* 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 your completed *Medical Certificate for Motor Vehicle Driver (form F3712)* 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

The department 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.

If you do not agree with the decision

If you do not agree with the department's decision you can apply for a reconsideration of the decision by completing an *Application for Reconsideration of a Decision of the Chief Executive (form F2981)*. The *Application for Reconsideration of a Decision of the Chief Executive (form F2981)* is available from a TMR customer service centre, or by telephoning 13 23 80*.

Alternatively, you can apply to the Queensland Civil and Administrative Tribunal (QCAT) for a review of the decision. For information about the QCAT process, please call 1300 753 228 or visit www.qcat.qld.gov.au.

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 the department 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.*

Privacy Statement: The Department of Transport and Main Roads (the department) 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. The department 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 the Department of Transport and Main Roads.

Part 1 - Personal Details (to be completed by the driver)

1. Personal details

Family name

Given name/s

Date of birth (dd/mm/yyyy)

Contact number

Residential address

Postcode

Postal address (if same as residential address, write 'as above')

Postcode

Email address

Licence number (if known)

State/Territory/Country of issue

2. What class/es of licence are you applying for or currently hold?

Motorbike (RE or R)

Heavy Rigid (HR)

Car (C)

Heavy Combination (HC)

Light Rigid (LR)

Multi-Combination (MC)

Medium Rigid (MR)

Specially Constructed Vehicle(UD)

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 *Private and Commercial Vehicle Driver's Health Assessment (form F3195)* 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 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

6. Do you agree to the amendment of your driver licence for the purpose of adding/removing a condition from your driver licence, or for the purpose of adding/removing a class of licence from your driver licence?

Yes No If your driver licence requires amendment you will need to complete a separate *Driver Licence Amendment (form F4358)*, which may delay the reissue of your driver licence.

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 Department of Transport and Main Roads (the department) 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 the department 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 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

Date

This 'tear-off' medical certificate must be carried when driving.

TRB Forms Area F3712 V01 Oct 2016

Queensland Government for Motor Vehicle Driver **Medical Certificate**

(To be completed by the treating doctor if the driver is 75 years or older or question 5B of Part 2 has been completed)

Name of driver (please print)

Review/expiry date (provide details from question 5)

Medical Certificate issue date (provide details from question 6)

Licence class(es) (provide details from question 6)

Licence Conditions/Restrictions (provide details from question 5B)

Doctor's details

Signature

Name (please print)

Address and contact telephone number (office stamp)

Part 2 - Medical Assessment (to be completed by the treating doctor)

Important Information

- Your medical assessment must be conducted in accordance with the medical standards in Austroads *Assessing fitness to drive for private and commercial motor vehicle drivers* (AFTD) publication, which is available at www.austroads.com.au.
- You must assess the person against the commercial standards if they are:
 - applying for, or currently hold a class MR, HR, HC or MC driver licence
 - driving, or intending to drive a public passenger vehicle (e.g. a bus or a 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 person to the relevant specialist.
- If you are uncertain about the impact of the person's medical condition on their ability to drive safely, you can refer the person to a specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist for an opinion.
- Do not complete Part 2 Medical Assessment until you have received all of the necessary reports back from the person's specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- All driver licensing decisions are the responsibility of the Department of Transport and Main Roads and your recommendation regarding the person's medical fitness to drive, is considered as part of the decision making process.
- For more information on medical conditions and driving please visit www.qld.gov.au/transport/licensing/update/medical or call 13 23 80.

1. Were you familiar with this person's medical history prior to this assessment?

No Yes 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 assessment of the person's medical fitness to drive, this assessment should generally be more thorough than a normal consultation. Particularly where the person has had their licence suspended, cancelled, or downgraded on medical grounds.

2. What is your assessment of the person's visual acuity?

Do not complete if Part 3 has been completed by an optometrist or ophthalmologist.

R 6/ L 6/ Binocular 6/

2.1 Visual fields (confrontation to each eye)

Normal Abnormal

3. Does this person need to wear glasses or contact lenses for driving?

Do not complete if Part 3 has been completed by an optometrist or ophthalmologist.

No Yes Code S will be shown on the licence.

4. Does this person have any other vision or eye disorders?

Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses.

No Yes Code M may be shown on the licence.

5. Please choose one recommendation (A, B or C) regarding the person's medical fitness to drive.

A. **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 medical condition
- person has a permanent or long-term medical condition and the AFTD provides the person is fit to hold an unconditional licence
- 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)
- 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 long-term medical condition*

What is the medical certificate expiry date?

/ /

(maximum period is from date of issue)

B. **Meets the medical criteria for a conditional licence.** Please mark **one or more** of the following boxes to indicate the conditions.

- person has a permanent or long-term medical condition, **which is not likely** to adversely affect their ability to drive safely and requires a further medical review (**M condition will be added**)*

What is the medical certificate expiry date?

/ /

(the expiry date must not be longer than the review period stated in the AFTD, or if the person is 75 years or older the maximum period is from date of issue)

- vehicle must be fitted with an automatic transmission (**A condition will be added**)
- vehicle must be fitted with a synchromesh gearbox (**B condition will be added**)
- vehicle must be modified to suit the person's physical disability (**V condition will be added**)

Please specify the type of vehicle modification/s

- other condition/s and/or restriction/s (**M condition will be added**)*

Please specify the type of condition/s and/or restriction/s

(refer to Table 4 Licence Conditions on page 23 of the AFTD)

What is the medical certificate expiry date?

/ /

C. **Does not meet the medical criteria for a driver licence.**

***You must complete the tear off Medical Certificate for Motor Vehicle Driver located at the bottom of page 2.**

6. What medical standard did you refer to in the AFTD for this medical assessment?

Private A class C (car), RE or R (motorcycle), LR (light rigid) driver licence, unless the person is authorised, or applying for authorisation to carry public passengers (for hire or reward) or dangerous goods.

Commercial A class MR (medium rigid), HR (heavy rigid), HC (heavy combination), MC (multi-combination) driver licence, a person who is authorised or apply for authorisation to carry public passengers (for hire or reward) or dangerous goods.

In your opinion, the person meets the above medical standard to hold what classes of licence?

Doctor's details (please print)

Name Contact number
()

Email address

Address (office stamp)

Signature Date
/ /

