

FITNESS TO DRIVE REPORT

D. C.		I a					
Driver information:		Surname:		Given name(s):			
Address:							
Phone:			Date of birth:	Drive	er licence no.	State of issue:	
Employer information: Name:							
Address	:			Contact phone number:			
Nature of driving duties:							
Assessment outcome:							
I was familiar with the driver's medical history before conducting this assessment Yes No I have sighted the driver's licence No							
I have examined the driver in accordance with the Assessing Fitness to Drive 2012 standards for commercial vehicle drivers. In my opinion the driver (tick ONE box from 1 to 4 and indicate recommended management and timing of next review):							
1. <u>Unconditionally</u> meets the medical criteria for fitness to drive							
Meets all relevant medical criteria. No restrictions or conditions. See timing of next review below.							
2. Conditionally meets the medical criteria for fitness to drive							
H:	Has a medical condition that may impact on fitness to drive, but it is well controlled and meets the conditional criteria in						
	Assessing Fitness to Drive 2012. May require person to be reviewed more frequently than standard. See recommended management and timing of next review below.						
	Person is required to wear the following aids/devices:						
	☐ Corrective lenses ☐ Hearing aid ☐ Other aids/devices (specify):						
3. Temporarily does not meet the medical criteria for fitness to drive							
Does not meet relevant medical criteria (unconditional or conditional) and should not undertake normal driving duties. May perform alternative tasks. May return to driving following: an improvement in condition, response to treatment or confirmed							
diagnosis of undifferentiated illness. See recommended management and timing of next review below.							
4. Permanently does not meet the medical criteria for fitness to drive							
Does not meet relevant medical criteria and cannot perform normal driving duties in the foreseeable future.							
Recommended management:							
	Local doctor referral Shorter review interval than standard (see timing of next review below)						
<u> </u>	☐ Specialist referral ☐ Other, please describe (attach information to the form if required)						
☐ Laboratory tests ☐ Drug test							
☐ Practical driver test							
Timing of next review (from date of assessment):							
☐ 1 year (TruckSafe standard for 50 years and over) ☐ 3 years (TruckSafe standard for 49 years and under)							
Shorter review interval than standard (specify): years / months / weeks (circle or highlight)							
Health professional's details							
Name:				Phone	e: Fa	acsimile:	
Practice address:							
Signature:				Date of assessment:			