



# Health Assessment for Fitness to Drive

## CLINICAL ASSESSMENT RECORD

### Driver information:

Surname:	Given name(s):
Address:	
Date of birth:	Phone:
Driver licence number:	State of issue:

### Employer information:

Employer name:	
Address:	Phone:

### Nature of driving duties:

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### CLINICAL ASSESSMENT:

#### 1. Vision

##### 1.1 Visual acuity (refer AFTD, page 119)

Are glasses or contact lenses worn?  Yes  No

	R	L	Both
Without Correction	6 /	6 /	6 /
With Correction	6 /	6 /	6 /

Meets criteria  Without correction  With correction

Does not meet criteria

1.2 Visual Fields  Normal  Abnormal (refer AFTD, page 120)

#### Comments:

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#### 2. Hearing (refer AFTD, page 64)

Are hearing aids worn?  Yes  No

##### Hearing level at frequencies (db)

	0.5kHz	1.0kHz	1.5kHz	2.0kHz	3.0kHz	4.0kHz	6.0kHz	8.0kHz	Average of 0.5,1,2,3 kHz
Right ear									
Left ear									

Meets criteria  Without hearing aid  With hearing aid

Does not meet criteria

#### Comments:

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**3. Cardiovascular system** (refer AFTD p 37-55)

Relevant findings from questionnaire:

Blood pressure	Repeated (if necessary)
Systolic	Systolic
Diastolic	Diastolic

**Pulse rate**      beats/min       Normal       Abnormal

**Heart sounds**                               Normal       Abnormal

**Peripheral pulses**                               Normal       Abnormal

**Comments** (including comments regarding overall cardiac risk and risk factors e.g obesity, smoking, exercise, stress):

**4. Diabetes** (Refer AFTD p 56-62)

**Existing diabetes?**                               No       Yes

**Comments:**

**5. Musculoskeletal / neurological system**  
(Refer AFTD p 66-69)

Relevant findings from questionnaire:

Cervical spine rotation                               Normal       Abnormal

Back movement                                       Normal       Abnormal

Upper limbs: (a) Appearance                               Normal       Abnormal

(b) Joint movements                               Normal       Abnormal

Lower limbs: (a) Appearance                               Normal       Abnormal

(b) Joint movements                               Normal       Abnormal

Reflexes     Normal       Abnormal

Romberg's sign\*                                       Normal       Abnormal

(\* A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds)

**Comments:**

**6. Psychological health** (Refer AFTD p 100-104)

Relevant findings from questionnaire:

**Mental state examination:**

Appearance .....       Normal       Abnormal

Attitude.....       Normal       Abnormal

Behaviour.....       Normal       Abnormal

Mood and affect.....       Normal       Abnormal

Thought form stream and content.....       Normal       Abnormal

Perception.....       Normal       Abnormal

Cognition.....       Normal       Abnormal

Insight.....       Normal       Abnormal

Judgement.....       Normal       Abnormal

**Comments:**

**7. Sleep disorders** (Refer AFTD p 105-109)

**Existing sleep disorder?**                               No       Yes

**ESS Score (Screen):**

(Q 5 of Driver Health Questionnaire)

(Score > 16 is consistent with moderate to severe excessive daytime sleepiness)

Clinical signs of sleep disorder                               Absent       Present

**Comments:**

**8. Substance misuse** (Refer AFTD p 110-115)

Note: Drug screening not routinely required.

**Existing substance use disorder?**

No       Yes

**Audit Score (Screen):**

(Q6 of Driver Health Questionnaire)

(Score > 8 indicates strong likelihood of hazardous or harmful alcohol consumption)

Clinical signs of substance misuse                               Absent       Present

**Comments:**

**9. Medication**

Specify:

## SUMMARY

### Summarise significant findings

Are any further investigations or referrals required?  Yes (describe) No

### What is the recommendation for this driver in terms of fitness to drive?

- Unconditionally** meets the medical criteria – meets all relevant medical criteria (no restrictions)
- Conditionally** meets the medical criteria for fitness to drive – 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*. Indicate also if:

Driver requires aids to drive:

Vision aids  Hearing aids  Other devices or vehicle modifications (specify)

Driver requires more frequent review than prescribed under normal periodic review:

Specify recommended review:

- Temporarily** does not meet the medical criteria (unconditional or conditional) – pending further investigation and treatment (record details).

- Permanently** does not meet the medical criteria (record details)

### Contact(s) with other treating health professional(s)

Note: Contact is to be made with patient's consent as per questionnaire

### Contact with requesting organisation (if relevant and clinically warranted)

- If the driver is classified *Temporarily* or *Permanently* does not meet the medical criteria, send Fitness to Drive Report immediately to requesting organisation, if relevant.

Details of contact made

Name of doctor

Signature of doctor

Date