

Medical Certificate for Driver Licence

Transport Operations (Passenger Transport) Act 1994
Transport Operation (Road Use Management) Act 1995
Tow Truck Act 2023

DELIVERING
FOR QUEENSLAND



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This form is required to notify the Department of Transport and Main Roads (TMR) of your medical fitness to drive.

What you need to do

1. Complete **applicant details (Part 1)**.
2. Book a **longer appointment** with your doctor to complete a medical assessment in the **medical details** part of this form (**Part 2**).

If required, your doctor may refer you to a specialist such as an optometrist for advice before completing the medical details section.

3. **Submit** your form:
 - Online at www.service.transport.qld.gov.au/notifymymedicalcondition
 - By email to mcr@tmr.qld.gov.au
 - In person at a Customer Service Centre, or
 - Mail to:
Department of Transport and Main Roads
Locked Bag 2000
Red Hill ROCKHAMPTON QLD 4701

 You must carry your medical certificate when driving and follow the conditions or restrictions specified.

When to use this form

Please complete this form:

- If you have a permanent or long-term medical condition (includes a mental or physical incapacity) that is likely to adversely affect your ability to drive safely.
- If there is a change to an existing medical condition that is likely to adversely affect your ability to drive safely.
- If you are 75 years or older. Please note, you need to visit your doctor yearly to have your fitness to drive assessed and you must carry the medical certificate when driving. If you do not have a medical condition, you only need to submit this form when renewing your licence.
- If you have been notified by TMR, or its service delivery agent, to provide a medical certificate to drive. You will need to provide a copy of the notice to your doctor.
- If TMR requires you to provide a medical certificate for your class of vehicle or vehicle use (for example, public passenger services).

If you need help

If you need help to complete this application, you can:



Phone 13 23 80



Visit us in person:

www.qld.gov.au/TMRcentres

For more information

For more information on medical conditions and driving, visit www.tmr.qld.gov.au/MedicalConditions or scan the QR Code below.



Information for the medical assessment (Part 2)

Part 2 must be completed by a doctor.

Legal responsibility

You are protected from liability under the *Transport Operations (Road Use Management) Act 1995*. You are not liable, civilly or under an administrative process for giving information to TMR, or its service delivery agent, in good faith about a person's medical fitness to drive.

- ⚠ All driver licensing decisions are the responsibility of TMR. Your recommendation is considered in the decision-making process.
- ⚠ Restrictions may be applied to your patient's licence conditions or their class of licence may be amended if they do not meet the standard.
- ⚠ If your patient has indicated in Part 1 that they received a notice proposing to suspend, cancel or amend their class of licence for medical reasons, they must present you a copy of the notice for review.
- ⚠ You are encouraged to notify TMR if you believe a person:
 - is not likely to notify TMR about their medical condition, **and**
 - will continue to drive against medical advice.

TMR will give the person an opportunity to respond to the notification.

For more information

For more information on assessing fitness to drive visit www.austroads.com.au and search 'fitness to drive' or scan the QR Code.



Commercial or Private Licence Standards

You must assess the person under the Commercial or the Private Standards. These standards are found in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* (AFTD) publication.

You can access these standards using the QR code at the bottom of this page.

You must assess your patient under the **commercial standards** if the person:

- is applying for, or currently holds a class MR, HR, HC or MC licence; **or**
- intends to drive public passenger vehicles, a vehicle carrying bulk dangerous goods, an authorised tow truck or heavy vehicles over 8 tonnes gross vehicle mass.

If none of the above apply you must assess the person under the **private standards**.

If you need to notify TMR

If you need to notify TMR or ask a question about this application, you can:



Email mcr@tmr.qld.gov.au



Phone 13 23 80



Submit online via link or QR code

<https://tinyurl.com/TMRsubmissionlink>



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Part 1 - Applicant details

About you

First name

Last name

Date of birth

Driver Licence number

Postal address

Postcode:

Contact number

Email address

Has your current licence been suspended, cancelled or amended for medical reasons?

☐ Yes ☐ No

Have you received a notice proposing the suspension, cancellation or amendment of your licence for medical reasons?

☐ Yes ☐ No

Do you need to wear glasses or contact lenses for driving?

☐ Yes ☐ No

Declaration

I declare the information provided to my doctor and on this form is correct. I authorise TMR, or it's service delivery agent, to contact my doctor about my medical fitness to drive or to check the information provided on this form. I understand that:

- Action may be taken if it is proven the driver licence was given on the basis of information that I knew was false or incorrect.
- My driver licence may be updated if change is needed to add or remove a condition or class.
- I must supply this information in accordance with the relevant Acts.

Your signature

Date

Part 2 - Medical assessment

Practice details

Practice name

Health professional's name

Contact number

Email address

Part 2 - Medical assessment continued – to be completed by a doctor

Licence questionnaire

Patient's name

For patients with an existing driver licence, have you checked their current class of licence and conditions (if applicable)?

☐ Yes

☐ No

Which AFTD standard have you examined them in accordance with? Please select all that apply.

For example, both private and commercial must be selected where a person has a Car (C) class licence and drives a public passenger vehicle.

☐ Private

☐ Commercial

In your opinion, the patient meets the above medical standard to drive the below vehicles. Please select all that apply.

Private:

☐ Car **(C)**

☐ Automatic Car **(CA)**

☐ Light Rigid **(LR)**

☐ Learner Approved Motorcycle or Moped **(RE)**

☐ Motorcycle **(R)**

Commercial:

☐ Car **(C)**

☐ Automatic Car **(CA)**

☐ Light Rigid **(LR)**

☐ Medium Rigid **(MR)**

☐ Multi-combination **(MC)**

☐ Public passenger vehicle (eg. bus, taxi or booked hire services, rideshare or limousine).

☐ Vehicle carrying bulk dangerous goods (capacity more than 500L or 500kg).

☐ Heavy vehicle over 8 tonnes gross vehicle mass.

☐ Authorised tow truck of any class.

☐ Learner Approved Motorcycle or Moped **(RE)**

☐ Motorcycle **(R)**

☐ Heavy Rigid **(HR)**

☐ Heavy Combination **(HC)**

Recommendation

After consulting the AFTD guidelines, if you are uncertain about the impact of the person's medical condition on their ability to drive safely, **please refer the person to the appropriate specialist before making your recommendation.**

Please choose one recommendation regarding the person's medical fitness to drive:

☐ **A. Fit to drive without conditions added.**

Please fill out Option A.

☐ **B. Fit to drive with conditions added.**

Please fill out Option B and complete the tear-off medical certificate.

☐ **C. Not fit to drive.**

Please fill out this page only. Text box is provided for further information if needed.

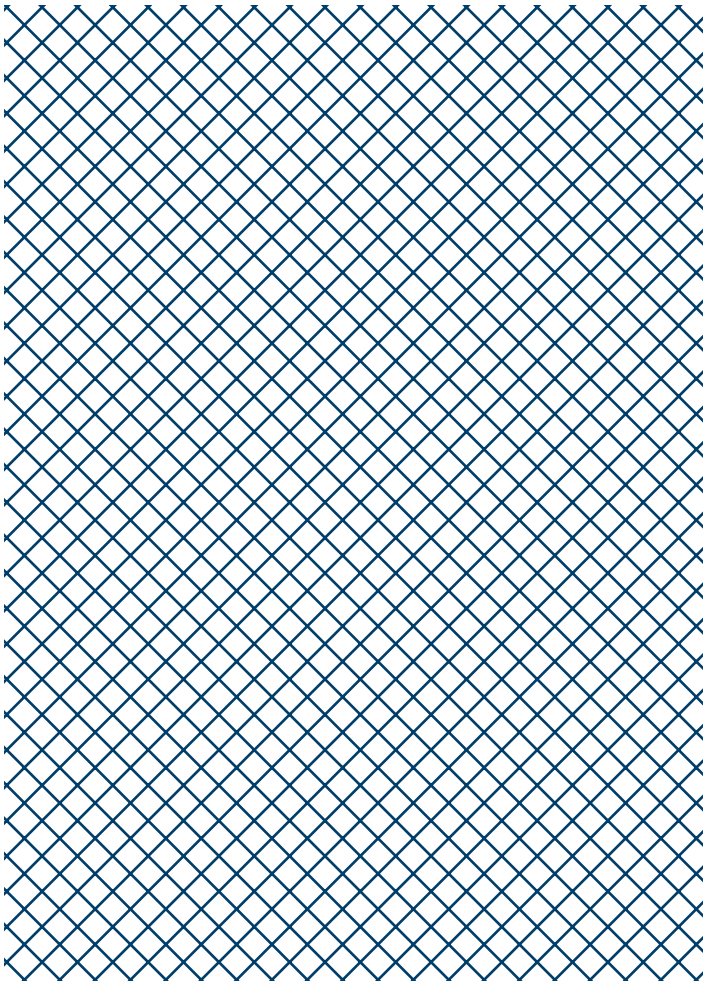
Declaration

I declare that I have seen the patient in a professional capacity, and I am not an immediate family member of the patient. The information provided is correct to the best of my knowledge and I agree to be contacted to verify this.

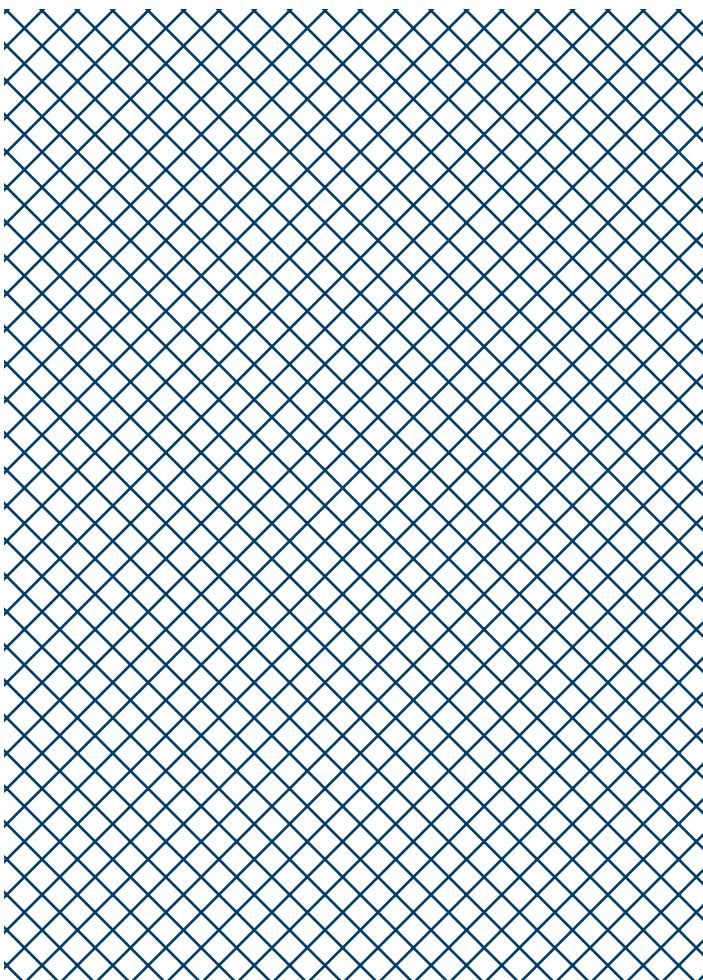
I understand that the information is collected to assess the patient's fitness to drive in accordance with the relevant Acts.

Your signature

Date



This section is intentionally blank



Option A: Fit to drive without restrictions or conditions added

Please mark **one** of the following boxes to indicate the reason why the person is fit to drive without restrictions.

- ☐ Person does not have a permanent or long-term medical condition.
- ☐ Person's medical condition has improved. No further medical review is required (condition will be removed).
- ☐ Person has a non-progressive medical condition which does not require a further medical review, they do not need to drive a modified vehicle, they do not need to drive a vehicle with an automatic transmission.
- ☐ Person has a permanent or long-term medical condition but the AFTD standards provide the person is fit to hold an unconditional licence.

Complete the tear-off medical certificate for the following option:

- ☐ Person is 75 years or older and does not have a permanent or long-term medical condition.

What is the medical certificate expiry date?

It must not exceed 13 months if a person is 75 years or older. If a medical condition is applicable, please refer to the AFTD standards.

Privacy Statement: The Department of Transport and Main Roads collects your information under the provisions of the Acts nominated on this form to process your medical fitness to drive certificate. We manage your personal information in accordance with the privacy act. For more information visit www.tmr.qld.gov.au/help/privacy

Option B: Fit to drive with restrictions or conditions added

You must mark at least one of the following boxes to indicate the reason why the person is fit to drive with restrictions or conditions. **You must also complete the medical certificate across the page.**

- ☐ Person has a permanent or long-term medical condition, which is not likely to adversely affect their ability to drive safely and requires further medical review. **(M condition will be added)**
- ☐ 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)**
- ☐ Person must not drive at night. **(M condition will be added)**
- ☐ Person must not drive on a motorway or highway. **(M condition will be added)**
- ☐ Person must drive within:
 kilometres from home **(M condition will be added)**
- ☐ Person must wear corrective lenses. **(S condition will be added)**
- ☐ The following vehicle modification/s must be made to suit the person's physical disability. **(V condition will be added)**
- ☐ Only for the purpose of an occupational therapy driving assessment or lesson. **(M condition will be added)**
- ☐ Other licence restriction that allows the person to hold a conditional licence. **(M condition will be added)**

What is the medical certificate expiry date?

Please refer to AFTD for appropriate review periods.

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You must always carry either this tear-off medical certificate or a clear digital copy (such as a photo) when you drive. It is to be completed by the treating doctor if the driver is 75 years or older or if Option B was completed.

Name of driver

Driver Licence number

Licence class/es

Licence Conditions/Restrictions

Medical Certificate issue date

Review/Expiry Date

Health Professional's details

Name

Signature

Address and phone number (or office stamp)