



Department of Planning and Infrastructure
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Driver Fitness Report

To: Driver Licensing Operations Co-ordinator - Motor Vehicle Registry

RE: Notification of Condition under Section 11 of the Motor Vehicles Act

Details of Patient:

Family Name: Address:

Given Name/s:

Date of Birth: Male Female

Driver Fitness Report - Professional Opinion

Patient examined according to: Private Vehicle Standards Commercial Vehicle Standards

I was / was not\* aware of the above mentioned patient's medical history and have known / treated the patient for: (\* Delete inapplicable) (years / months)

I certify that I have examined the above mentioned patient in accordance with the relevant National Medical Standards (private or commercial) as set out in Assessing Fitness to Drive - September 2003. In my opinion the person subject to this report:

Does not meet the unconditional or conditional licensing criteria outlined in Assessing Fitness to Drive (details below)

Does not meet the unconditional licensing criteria outlined in Assessing Fitness to Drive, but may be considered for a conditional licence subject to the restrictions / conditions outlined below.

Details of criteria not met:

Advice regarding licence restrictions (conditional licence) including requirements for ongoing monitoring and review:

Other details regarding medical condition as relevant to driving task:

In my opinion, the condition of the person subject of this report has improved to meet the criteria for a conditional or unconditional licence. Please include details of the criteria previously not met, the response to treatment and prognosis, duration of improvement, and other relevant information including consideration of the driving task.

Eyesight Test Result: Left Eye: 6 / Right Eye: 6 / Both Eyes: 6 /

Reporting Professional's Name: Examination Date:

Address:

Telephone:

Facsimile:

Email:

Examining Health Professional's Signature



# Clinical Examination

TO BE RETAINED BY HEALTH PROFESSIONAL AND NOT TO BE RETURNED TO THE MOTOR VEHICLE REGISTRY

Name: .....

Address: .....

This form is to be retained by the examining Health Professional and not returned to Motor Vehicle Registry. Findings relevant to the person's fitness to drive should be recorded on Form L46 - Driver Fitness Report.

<p><b>Cardiovascular system</b> <i>Blood pressure (repeat if necessary)</i></p> <p>Systolic <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> mm HG</p> <p>Diastolic <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> mm HG</p> <p><b>Pulse rate</b>            <input type="checkbox"/> Regular    <input type="checkbox"/> Irregular</p> <p><b>Heart sounds</b>        <input type="checkbox"/> Normal     <input type="checkbox"/> Abnormal</p> <p><b>Peripheral Pulses</b>    <input type="checkbox"/> Normal     <input type="checkbox"/> Abnormal</p>	<p><b>Vision</b> <i>Visual Acuity</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Uncorrected</th> <th colspan="2">Corrected</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>Right</th> <th>Left</th> </tr> </thead> <tbody> <tr> <td>6 / <input style="width: 20px; height: 20px;" type="text"/></td> <td>6 / <input style="width: 20px; height: 20px;" type="text"/></td> <td>6 / <input style="width: 20px; height: 20px;" type="text"/></td> <td>6 / <input style="width: 20px; height: 20px;" type="text"/></td> </tr> </tbody> </table> <p><b>Are contact lenses worn?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Visual Fields</b> (Confrontation to each eye)    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p>	Uncorrected		Corrected		Right	Left	Right	Left	6 / <input style="width: 20px; height: 20px;" type="text"/>	6 / <input style="width: 20px; height: 20px;" type="text"/>	6 / <input style="width: 20px; height: 20px;" type="text"/>	6 / <input style="width: 20px; height: 20px;" type="text"/>
Uncorrected		Corrected											
Right	Left	Right	Left										
6 / <input style="width: 20px; height: 20px;" type="text"/>	6 / <input style="width: 20px; height: 20px;" type="text"/>	6 / <input style="width: 20px; height: 20px;" type="text"/>	6 / <input style="width: 20px; height: 20px;" type="text"/>										
<p><b>Chest / Lungs</b>            <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p>	<p><b>Hearing (Commercial Only)</b>    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p>												
<p><b>Abdomen (Liver)</b>        <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p>	<p><b>Urinalysis</b></p> <p><b>Protein</b>                    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Glucose</b>                    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p>												
<p><b>Neurological / Locomotor</b></p> <p><b>Cervical spine rotation</b>    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Back movement</b>            <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Upper limbs</b></p> <p>a) Appearance            <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p>b) Joint movements        <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Lower Limbs</b></p> <p>a) Appearance            <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p>b) Joint movements        <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Reflexes</b>                    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Romberg's Sign *</b>        <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><small>* 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.</small></p>	<p><b>Neuropsychological Assessment</b></p> <p><i>Where clinically indicated, apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.</i></p> <div style="border: 1px solid black; width: 80px; height: 60px; margin-left: auto; margin-right: auto; text-align: center; line-height: 60px;"> <b>Score</b> </div>												
<p><b>Relevant Clinical Findings</b></p> <p>Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD publication.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>													

**IMPORTANT**

For privacy reasons, the completed Clinical Examination sheet must not be returned to Motor Vehicle Registry. Medical information relevant to driver licensing should be included on the Medical Certificate (Form L2) (in the case of Motor Vehicle Registry initiated examinations) or on the Driver Fitness Report form (Form L46) for assessments made in the course of patient treatment.

Name of Health Professional: \_\_\_\_\_

/ /