

Motor Vehicle Registry Information Bulletin

L35 - Driver Fitness: Health Professional's Obligations

Effective Date: 19 May 2006

Notification of medical conditions affecting fitness to drive

Section 11 of the Northern Territory *Motor Vehicles Act* makes it obligatory for Health Professionals to notify the Registrar of Motor Vehicles when they reasonably believe that a person they have examined to be licensed to drive a motor vehicle, and is physically or mentally incapable of driving a motor vehicle with safety to the public, or is physically or mentally unfit to be licensed.

National Medical Assessment Standards

All Fitness to Drive Assessments (private or commercial) should now be conducted with the guidance of "ASSESSING FITNESS TO DRIVE".

The current edition of this volume is available from:

AUSTROADS
Level 9
287 Elizabeth Street
Sydney NSW 2000
PO Box K659
Haymarket NSW 2000

Telephone: +612 9264 7088
Facsimile: +612 9264 1657
E-mail: austroads@austrroads.com.au
Internet: www.austrroads.com.au/aftd

Reporting medical conditions

Motor Vehicle Registry (MVR) provides 2 forms for reporting purposes:

Form L46 – Driver Fitness Report

This form is to be used where a patient (either referred or detected) is found to be unfit to drive, or is returning from a period of unfitness to drive. Attached to Form L46 is a Clinical Assessment form that Health Professionals may use to assist with their assessment. This clinical assessment is **not** to be returned to MVR, but retained for your records.

Form L2 – Medical Assessment of Fitness to Drive

This form is usually given to a person who is applying for, or renewing, a Commercial Passenger Vehicle Endorsement 'h' (to drive taxi's Minibus etc) or Driving Instructors Endorsement 'd', to take to the Health Professional for his/her assessment. A Patient Questionnaire is attached for the patient to fill in before his/her appointment. Health Professionals are requested to return the front page **only** to the patient for return to MVR.

Excerpt from the *Motor Vehicles Act – Section 11*

11. Physical or mental incapacity or unfitness to hold licence or permit

- (1) In this section –
- (a) "registered person" means a person who is registered as –
- (i) a medical practitioner under the *Medical Act*;
 - (ii) an optometrist under the *Optometrists Act*; or
 - (iii) an occupational therapist or a physiotherapist under the *Health Practitioners and Allied Professionals Act*; and
- (b) a reference to a person who is licensed to drive a motor vehicle includes a reference to a person who is licensed to drive a motor vehicle under a law of another country, a State or another Territory of the Commonwealth.
- (2) If it appears to the Registrar that –
- (a) a person applying for a licence or the renewal of a licence under section 10;
 - (b) a person applying for a permit licence under section 9; or
 - (c) a person who is licensed to drive a motor vehicle,
- is physically or mentally incapable of driving a motor vehicle with safety to the public or is physically or mentally unfit to be licensed, the Registrar may require the person to be medically examined by a medical testing officer.
- (3) If a person who is licensed to drive a motor vehicle is suffering from a physical or mental incapacity that may affect his or her ability to drive a motor vehicle with safety to the public, the person, or his or her personal representative, must notify the Registrar of the nature of the incapacity or unfitness.
- (4) If a registered person reasonably believes that a person he or she has examined –
- (a) is licensed to drive a motor vehicle; and
 - (b) is physically or mentally incapable of driving a motor vehicle with safety to the public or is physically or mentally unfit to be licensed,
- the registered person must notify the Registrar in writing of the person's name and address and the nature of the incapacity or unfitness.

Contact Details	
Motor Vehicle Registry	
Telephone	1300 654 628
Facsimile	(08) 8999 3103
Email	mvr@nt.gov.au
Web	www.mvr.nt.gov.au
Postal Address	GPO Box 530 Darwin NT 0801



Department of Planning and Infrastructure
All Correspondence to: Phone: 1300 654 628
GPO Box 530 Fax: (08) 8999 3103
DARWIN NT 0801 Email: mvr@nt.gov.au
Website: www.mvr.nt.gov.au

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>Cardiovascular system <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>Pulse rate <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Heart sounds <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Peripheral Pulses <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>	<p>Vision <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>Are contact lenses worn? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Visual Fields (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"/>
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<p>Chest / Lungs <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>	<p>Hearing (Commercial Only) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>												
<p>Abdomen (Liver) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>	<p>Urinalysis</p> <p>Protein <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Glucose <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>												
<p>Neurological / Locomotor</p> <p>Cervical spine rotation <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Back movement <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Upper limbs</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>Lower Limbs</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>Reflexes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Romberg's Sign * <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>Neuropsychological Assessment</p> <p>Where clinically indicated, apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.</p> <div style="border: 1px solid black; width: 80px; height: 60px; float: right; text-align: center; margin-top: 10px;"> <p>Score</p> </div>												
<p>Relevant Clinical Findings</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: _____

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