

Applicant / Licence holder details

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|------------------------------|--|--|---|---|-------------------|---|---|----------|---|--------------------------------------|
| Surname | | | | | | | | | | |
| First given name | | | | | Second given name | | | | | |
| Date of birth | | | D | D | M | M | Y | Y | Y | Contact phone no. (mobile preferred) |
| Licence/permit/client number | | | | | Email | | | | | |
| Home address | | | | | | | | Postcode | | |
| Mail address (if different) | | | | | | | | Postcode | | |

Preferred contact method: Mail Email

Note: If your address details have changed please contact VicRoads on 131171 or visit vicroads.vic.gov.au

Patient authority

I agree to the practitioner named on this form completing the report and forwarding it to VicRoads and agree to VicRoads' use and disclosure of personal and health information contained in the form in accordance with the statement in 'VicRoads' responsibility and authority' (refer page 2 of this document). I agree to pay all expenses in connection with this report.

Signed

Date

Current licence/Permit type

- Car/Motorcycle/Light truck (LR)
 Bus/Truck (MR, HR, HC, MC)
 Marine/Personal watercraft
 None

Are you applying for any of the following:

- Reissue of driver licence/permit
 Remove/change condition of licence/permit
 Car/Motorcycle learner permit
 Marine/Personal watercraft endorsement
 Heavy Vehicle endorsement (MR, HR, HC, MC)

How to complete this form if you're an optometrist/ophthalmologist

- All sections of this form and the fitness to drive assessment must be completed according to the private and/or commercial standards applicable to the licence type. Refer AFTD:part B:10 (page 124 – 131)
- Use a cross (X) to answer Yes/No questions. Where a question is not answered, it will default to be marked as "No".
- Please use block letters for all comments.
- To ensure patient information provided is complete, please double-check all sections of this form, including the *Fitness to drive assessment* on page 2.
- If you have any information not covered in this form, please notify VicRoads via email medicalreview@roads.vic.gov.au or call (03) 8391 3226.
- If you have any questions, please call a VicRoads Medical Case Manager on (03) 8391 3226.

Please note: Drivers carrying dangerous goods and public passengers (eg. Taxi drivers, driving instructors, etc.) fall under the "commercial" standards of Assessing Fitness to drive guidelines 2016.

Visual acuity (You must complete this section)

Refer AFTD/2016: part B:10 (page 124-131)

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| Visual acuity, aided | R 6/ | L 6/ | Binocular 6/ |
| Visual acuity, unaided | R 6/ | L 6/ | Binocular 6/ |

Does the patient have a visual field defect?

Yes No

If Yes, Binocular visual field map results must be completed below:

Please note as per current *Assessing Fitness to Drive (AFTD) Guidelines*, an *Esterman Binocular Chart* is preferred by VicRoads. Refer to *AFTD Guidelines*, Part 10 - Visual fields, page 129. Please attach visual field charts.

Does the patient have a vision or eye disorder?

Yes No

If YES, please apply an X as appropriate for the condition/s:

- Cataracts (untreated): **Right eye**
 Cataracts (untreated): **Left eye**
 Poor night vision
 Glaucoma
 Diabetic retinopathy
 Nystagmus
 Optic neuropathy
 Other (please specify)
- Diplopia
 Retinitis pigmentosa
 Macular degeneration

Does the patient's visual field meet relevant criteria specified in the Assessing Fitness to Drive Guidelines?

Private standards Yes No
 Commercial standards Yes No

Comments

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Fitness to drive assessment (You must complete this section)

Private Licence Standard

In my opinion, the patient of this assessment (apply an X in one option):

- Option 1 - Does not meet the national vision standards for a driver licence
- Option 2 - Meets the national vision standards for a driver licence
- Option 3 - Meets the national vision standards for a licence/permit subject to: (apply an X in one or more)
- Periodic medical review
- Daylight hours restriction
- Other restriction (please specify)

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Rationale for conditions

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- Option 4 - Requires further assessment by an ophthalmologist to determine fitness to drive:
- Apply an X if the patient is safe to drive pending the assessment/medical review outcome/s.

Note: If you have any information not covered in this form, please notify VicRoads via email medicalreview@roads.vic.gov.au or call (03) 8391 3226.

Commercial Licence Standard (complete only if applicable)

In my opinion, the patient of this assessment (apply an X in one option):

- Option 1 - Does not meet the national vision standards for a commercial driver licence
- Option 2 - Meets the national vision standards for a commercial driver licence
- Option 3 - Meets the national vision standards for a commercial driver licence subject to periodic medical review
- Option 4 - Requires further assessment by an ophthalmologist to determine fitness to drive
- Apply an X if the patient is safe to drive pending the assessment/medical review outcome/s.

Note: If you have any information not covered in this form, please notify VicRoads via email medicalreview@roads.vic.gov.au or call (03) 8391 3226.

Practitioner's details (please use BLOCK letters or official stamp)

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|---------------------------|--|--|--|--|--|--|--|----------|--|
| Surname | | | | | | | | | |
| Given name | | | | | | | | | |
| Address | | | | | | | | | |
| | | | | | | | | Postcode | |
| Phone | | | | | | | | | |
| Email | | | | | | | | | |
| Signature | | | | | | | | | |
| Qualifications | | | | | | | | | |
| AHPRA Registration number | | | | | | | | | |
| Date | | | | | | | | | |

If you have any questions, please call Vic Roads Medical Review on (03) 8391 3226

VicRoads' responsibility and authority

Decisions

In making a licensing decision, VicRoads may seek input regarding a person's medical fitness to drive from health professionals and/or driving assessors. VicRoads may also act on unsolicited reports from health professionals, the police or members of the public regarding a person's fitness to drive.

Personal and/or health information

Information that VicRoads collects in connection with the administration of your driver licence/learner permit will be used for that purpose and may be used for other purposes permitted by law. Your personal and/or health information may be disclosed to contractors and agents of VicRoads, the Victorian Institute of Forensic Medicine or other body advising VicRoads on the medical fitness of drivers, Marine Safety Victoria, occupational therapists, law enforcement agencies, other road and traffic authorities, the Taxi Services Commission, Austroads, the Transport Accident Commission, courts and other persons or bodies authorised to obtain it. You may be required to give personal and/or health information to VicRoads by the Road Safety Act 1986 and regulations. Failure to provide this information may result in your application not being processed, your driver licence being suspended, cancelled or varied or driver licence records not being properly maintained.

Authority

The Road Safety (Drivers) Regulations 2009 requires drivers to notify VicRoads if affected by a permanent or long-term injury or illness that may impair safe driving ability as soon as practicable after becoming aware of the injury and/or illness.

The Road Safety Act 1986 gives VicRoads the authority to require a person to undergo tests, including medical tests, assessment of road law knowledge and driving tests for the purpose of determining whether the person is safe to drive motor vehicles.

Further information

Please visit vicroads.vic.gov.au or contact VicRoads Medical Review.

Email medicalreview@roads.vic.gov.au

Fax (03) 9854 2307

Call (03) 8391 3226

We recommend you send your report(s) to us by email or fax. If you prefer to post, please allow up to two weeks for postal delivery.

Assessing Fitness to Drive (AFTD) Guidelines

austroads.com.au/drivers-vehicles/assessing-fitness-to-drive/