



WORKSAFE VICTORIA

DRIVER COMMERCIAL HEALTH ASSESSMENT - MEDICAL CERTIFICATE

Jan 2011

1. Introduction

The information in this form is being collected so that WorkSafe Victoria (WorkSafe) may assess your medical suitability to obtain a Licence to Drive a Vehicle Transporting Explosives by Road or a Dangerous Goods Driver Licence.

Guidelines for completing the form:

- Make an appointment with your medical practitioner
- As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose
- If you wear spectacles, hearing aids etc, please take them to the examination
- Take this form to the appointment for your doctor to complete
- You are required by law to advise WorkSafe of any conditions that may affect your ability to drive a vehicle transporting either dangerous goods or explosives
- You should make the doctor aware of any medical conditions you may have so that your doctor can advise WorkSafe, on your behalf, using this form
- If the medical report has been requested for a particular reason, you should let your practitioner know of this reason
- On completion of the examination the doctor will provide you with the certificate to return to WorkSafe
- Withdrawal of Licence – If your licence is suspended or revoked on the basis of a medical report, you may be re-licensed when you provide medical evidence which indicates that you have met the national medical standards and are qualified to be re-licensed. You also have the right of appeal to WorkSafe's Internal Review Unit and VCAT under the *Dangerous Goods Act 1985*.
- Any queries regarding licensing may be directed to WorkSafe Victoria, Licensing Branch.

The doctor may extend the examination where considered clinically appropriate, but must advise the applicant of any extra cost. Payment for the examination is not the responsibility of WorkSafe and is not usually rebatable under Medicare.

2. To the Examining Doctor

- The examination must be conducted in accordance with the national medical standards for commercial drivers described in *Assessing Fitness to Drive 2003* or the medical standard in force at the time of examination. This publication is available via the web: <www.austroads.com.au>. It details the examination process and provides examination proforma to guide you.
- Upon completion of the examination please complete and sign the certificate overleaf.
- Return the certificate (together with additional relevant information) to the patient for them to present to WorkSafe.
- Retain a copy for the patient's medical record together with the patient questionnaire and detailed examination notes.
- Information not relevant to the patient's fitness to drive should not be forwarded to WorkSafe.
- If you have doubts about your patient's suitability to hold the licence, you may suggest a referral to a suitable specialist. Please indicate this on the form.
- The types of activities that may be performed by the holder of a licence can vary, depending on the particular type of licence, but may include the following activities:
For a Licence to Drive a Vehicle Transporting Explosives or a Dangerous Goods Driver Licence;
 - Driving a Vehicle Transporting Explosives
 - Lifting loads associated with the loading and unloading of the Vehicle
 - Lifting ancillary equipment associated with the loading and unloading of the Vehicle
 - Using Fall Arrest Systems when working at heights
- If you have any doubts about the information required, or wish to discuss the case personally, please contact the WorkSafe Victoria Licensing Branch on 1300 852 562.

3. Collection of Personal Information

Personal and/or health information collected by WorkSafe in connection with this application will be used for the purpose of assessing this and any associated applications. The information collected may also be used in the administration and enforcement of legislation administered by WorkSafe, including the *Occupational Health and Safety Act 2004* and the *Dangerous Goods Act 1985*, the administration and evaluation of WorkSafe's programs generally and for law enforcement functions and legal proceedings.

WorkSafe may disclose personal and/or health information for public health and safety purposes. It may disclose that information to other government agencies, including emergency services, law enforcement and security agencies, including Victoria Police.

WorkSafe may also disclose personal and/or health information to its contractors and agents, to a court or tribunal, to other regulatory agencies and to any person authorised to whom it relates, or by law, to obtain it.

WorkSafe may disclose a person's licence status to employers, prospective employers or members of the public who wish to check this status.

Collection of your personal and/or health information may be required by the *Occupational Health and Safety Act 2004* or *Dangerous Goods Act 1985* and associated regulations. If you do not provide any or all of the information your application may not be accepted or processed. You may access your personal information held by WorkSafe by contacting the Freedom of Information and Privacy Team. WorkSafe's Privacy Policy is available at worksafe.vic.gov.au.

4. Certification of Medical and Physical Fitness

4.1 Applicants Details - to be Completed by the Applicant

Family Name

Title

Given Name/s

Applicant's Consent

I consent to the collection, use and disclosure of personal and health information by WorkSafe Victoria (WorkSafe) for the purpose outlined in the section headed 'Collection of Personal Information' and I authorise WorkSafe to disclose such information to the types of organisations listed in that section for any of those purposes. I also consent to WorkSafe contacting the medical practitioner for further information relevant to fitness to hold a Licence.

Applicant's Signature

Date

4.2 Medical Assessment - to be Completed by Registered Medical Practitioner

Please refer to the instructions on the front of this form for details on activities that may be covered by the particular licence type.

Were you familiar with the patient's medical history prior to this examination? Yes No

In my opinion the person subject of this report:

Meets the relevant medical criteria for an unconditional licence and requires no further assessment.

No further information required.

Does not meet the medical criteria for an unconditional or conditional licence.

Examining doctor to note in this section the criteria not met and other relevant details, any proposed restrictions to the licence and suggestions for management and periodic review interval.

Does not meet the medical criteria for an unconditional licence but may be suitable for a conditional licence based on opinion opposite (and additional details attached as required).

**Note: A conditional licence will not be issued unless adequate supporting information is provided by the examining medical practitioner.
The supporting information may include a report from a medical specialist (i.e. endocrinologist, sleep physician etc).**

4.3 Registered Medical Practitioner Details and Declaration (Please Print)

I certify that I have examined the applicant in accordance with the relevant National Medical Standards for commercial drivers as set out in *Assessing Fitness to Drive 2003*, or the medical standard in force at the time of examination.

Reporting Practitioner's Name

Date of Examination

Telephone

Facsimile

Email

Signature

Further comments on medical condition(s) affecting safe driving appear attached

NOTE: the certificate of Medical Fitness must be no more than six months old when the relevant licence application is received by WorkSafe.

PATIENT QUESTIONNAIRE

Name

Address

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your doctor what it means. The doctor will ask you additional questions during the examination.

- | | No | Yes |
|---|--------------------------|--------------------------|
| 1. Are you currently being treated by a doctor for any illness or injury?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you receiving any medical treatment or taking any medication (either prescribed or otherwise)?
<i>(please take any medications with you to show the doctor)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had, or been told by a doctor that you had any of the following? | | |
| 3.1 High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Heart disease..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 Chest pain, angina | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 Any condition requiring heart surgery..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 Palpitations/irregular heartbeat..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 Abnormal shortness of breath..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.7 Head injury, spinal injury..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.8 Seizures, fits, convulsions, epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.9 Blackouts, fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.10 Stroke..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.11 Dizziness, vertigo, problems with balance | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.12 Double vision, difficulty seeing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.13 Colour blindness..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.14 Kidney disease..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.15 Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.16 Neck, back or limb disorders..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.17 Hearing loss or deafness or had an ear operation or use a hearing aid | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.18 Do you have difficulty hearing people on the telephone (including use of a hearing aid if worn)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.19 Have you ever had, or been told by a doctor that you had a psychiatric illness, or nervous disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.20 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a sleep disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 Have you ever had, or been told by a doctor that you had sleep disorder, sleep apnoea, or narcolepsy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?
<i>This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.</i> | | |

*Use the following scale to choose the most appropriate number for each situation:
0 = would never doze off
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing
 It is important that you put a number (0 to 3) in each of the 8 boxes.*

Situation	Chance of dozing (0-3)
Sitting and reading	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>
Sitting, inactive in a public place (e.g. a theatre or meeting)	<input type="checkbox"/>
As a passenger in a car for an hour without break	<input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>
Sitting and talking to someone	<input type="checkbox"/>
Sitting quietly after a lunch without alcohol	<input type="checkbox"/>
In a car, while stopped for a few minutes in the traffic	<input type="checkbox"/>

PATIENT QUESTIONNAIRE (continued)

5. Please tick the answer that is correct for you:

5.1 How often do you have a drink containing alcohol?

- Never
 Monthly
 Two to four times a month
 Two to three times a week
 Four to more times a week

5.2 How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 3 to 5 5 to 6 7 to 9 10 or more

5.3 How often do you have six or more drinks on one occasion?

- Never Less than monthly Monthly Weekly Daily or almost daily

5.4 How often during the last year have you found that you were not able to stop drinking once you had started?

- Never Less than monthly Monthly Weekly Daily or almost daily

5.5 How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never Less than monthly Monthly Weekly Daily or almost daily

5.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never Less than monthly Monthly Weekly Daily or almost daily

5.7 How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never Less than monthly Monthly Weekly Daily or almost daily

5.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never Less than monthly Monthly Weekly Daily or almost daily

5.9 Have you or someone else been injured as a result of your drinking?

- No Yes, but not in the last year Yes, during the last year

5.10 Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No Yes, but not in the last year Yes, during the last year

No Yes

6. Do you use illicit drugs?

7. Do you use any drugs or medications not prescribed for you by a doctor?

8. Have you been in a vehicle crash since your last licence examination?

If Yes, please give details

Applicant's Declaration (in presence of health professional):

I,

(Print Name)

- certify that to the best of my knowledge the above information supplied by me is true and correct. I understand that it is an offence under the *Dangerous Goods Act 1985* to provide false or misleading information.

Signature

Date

IMPORTANT

For privacy reasons, the completed Patient Questionnaire must not be returned WorkSafe. Medical information relevant to driver licensing should be included on the Medical Certificate.