

MEDICAL CONDITION NOTIFICATION FORM

To: *[Insert the address of your local Driver Licensing Authority – see Appendix 8, page 123]*

Patient Details *[Please Print]*

Mr/Mrs/Ms Surname

Given Names

Full Address

Date of Birth | | Licence No.

ASSESSMENT OF FITNESS TO DRIVE – PROFESSIONAL OPINION

I have examined the patient (whose name, address and date of birth are set out above) in accordance with the relevant National Medical Standards (private or commercial) as set out in Assessing Fitness to Drive, 2003.

Private vehicle standards Commercial vehicle standards

I have known/treated the patient for _____ years

In my opinion the person subject of this report:

does not meet the unconditional or conditional licensing criteria outlined in Assessing Fitness to Drive (see 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 described below

Provide details of medical criteria not met:

Note advice regarding licence restriction (conditional licence) including requirements for ongoing monitoring and review:

Note other details regarding the medical condition as relevant to the driving task:

Reinstatement of licence:

In my opinion the condition of the person subject of this report has improved so as 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; other relevant information including consideration of the driving task

Health Professional Details *[Please Print]*

Reporting Professional's Name

Professional's Address

Telephone () Fax ()

Date of Examination | | Signature

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