

Commercial Vehicle Driver's Health Assessment

Transport Operations (Passenger Transport) Act 1994, Transport Operations (Road Use Management—Dangerous Goods) Regulation 1998, Transport Operations (Road Use Management) Act 1995, Transport Operations (Road Use Management—Driver Licensing) Regulation 1999, Tow Truck Regulation 1999

Instructions

- You must make an appointment for a medical examination with a doctor of your choice. **Payment for the examination is your responsibility.**
- **Prior to the medical examination, you must complete the Health Questionnaire** (below).
- Bring spectacles, hearing aids, etc with you to the examination.
- **At the examination, present this form, with the Health Questionnaire completed, to your doctor.**
- Following the examination, the doctor will complete a Medical Certificate for Motor Vehicle Driver (Form F3712).
- The Medical Certificate for Motor Vehicle Driver form must be submitted to Queensland Transport with your application.
- *Should you require more information please telephone your nearest Queensland Transport Public Transport Office or Customer Service Centre.*

Health Questionnaire - Applicant to Complete (This form will be kept by your Doctor)

1. Personal details

Family name - please print

Given name/s

Gender

Male

Female

Date of birth

Driver licence number

State/Territory Issued

2. Have you ever had, or been told by a doctor that you had any of the following?

(tick ✓ to indicate a yes answer)

- High blood pressure
- Heart disease
- Chest pain, angina
- Any condition requiring heart surgery
- Palpitations/irregular heartbeat
- Abnormal shortness of breath
- Head Injury, spinal injury
- Seizures, fits, convulsions, epilepsy
- Blackouts, fainting
- Stroke
- Dizziness, vertigo, problems with balance
- Double vision, difficulty seeing
- Colour blindness
- Psychiatric illness, nervous disorder
- Kidney disease
- Diabetes
- Sleep disorder, sleep apnoea, narcolepsy
- Alcohol abuse
- Bleeding from bowel or black motions

3. Are you presently consulting a doctor for any illness or injury?

No Yes

4. Are you receiving any medical treatment or taking any medication?

No Yes

5. Have you ever had an accident (in a vehicle or otherwise) as a result of blacking out or falling asleep?*

No Yes

6. Have you ever required medical attention for depression, nervous disorder or related condition?

No Yes

7. Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?

No Yes

8. How frequently do you drink alcohol?

- Daily
- 2 to 3 times per week
- Occasionally
- Never

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

No Yes

10. Declaration and consent

- I declare that, to the best of my knowledge, the information supplied by me is true and correct.
- I consent to the examining doctor releasing relevant medical information to Queensland Transport, or a doctor nominated by Queensland Transport, in order to determine my medical eligibility for a commercial vehicle driver licence, Dangerous Goods Bulk Driver Licence or Driver Authorisation, in accordance with the 'Medical Examinations of Commercial Vehicle Drivers' guidelines.

Signature

Date

**Give this completed form
to your examining Doctor**

Disclaimer

Queensland Transport provides the form under the *Transport Operations (Passenger Transport) Act 1994*, *Transport Operations (Road Use Management - Dangerous Goods) Regulation 1998*, *Transport Operations (Road Use Management) Act 1995*, *Transport Operations (Road Use Management - Driver Licensing) Regulation 1999*. This information is being collected so that your doctor may assess your medical eligibility as a commercial vehicle driver, dangerous goods driver or for driver authorisation under the "Medical Examinations of Commercial Vehicle Drivers" guidelines. The form will be retained by the doctor for record purposes. This information will not be disclosed to any third party without your consent, or unless required to do so by law.

continued next column . . .

continued next page . . .

Medical Examination (*Doctor's Use Only*)

Date of examination

/ /

1 Throat appearance*

Normal Abnormal

2 Chest/Lungs

Normal Abnormal

3 Cardiovascular System

Blood Pressure (repeated if necessary)

Systolic mm Hg mm Hg
 Diastolic mm Hg mm Hg

Pulse Rate

Regular Irregular

Heart Sounds

Normal Abnormal

Peripheral Pulses

Normal Abnormal

4 Abdomen

Normal Abnormal

5 Weight*

Weight kg divided by $\left(\text{Height } \text{ m } \right)^2$
 = Body Mass Index kg/m²

6 Vision

Visual Acuity

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn?

No Yes

Ishihara

Normal Abnormal No. of incorrect responses

Visual fields (confrontation)

Normal Abnormal

7 Hearing

Normal Abnormal

8 Neurological/Locomotor

Cervical spine rotation

Normal Abnormal

Continued next column . . .

Upper Limbs

(a) Muscle Tone: Normal Abnormal

(b) Co-ordination: Normal Abnormal

(c) Joint movements: Normal Abnormal

(d) Reflexes: Normal Abnormal

Lower Limbs

(a) Muscle Tone: Normal Abnormal

(b) Co-ordination: Normal Abnormal

(c) Joint movements: Normal Abnormal

(d) Reflexes: Normal Abnormal

Rombergs

Normal Abnormal

9 Urinalysis

Normal Abnormal

10 Signs of alcohol or other drug abuse

Present Absent

11 General Comments - for doctors records only

(attach additional pages if necessary)

.....

.....

.....

.....

.....

.....

.....

.....

.....

12 Assessment

Doctor to complete the *Medical Certificate for Motor Vehicle Driver (F3712)* in accordance with the 'Medical Examinations of Commercial Vehicle Drivers' guidelines.

* See "Sleep Apnoea" criteria, page 19 of the "Medical Examinations of Commercial Vehicle Drivers" guidelines.

DOCTOR MUST KEEP this completed form (record purposes)