WorkSafe VICTORIA

DANGEROUS GOODS (EXPLOSIVES) REGULATIONS 2000
ROAD TRANSPORT REFORM (DANGEROUS GOODS) REGULATIONS 1997

June 2005

WORKSAFE VICTORIA

DRIVER COMMERCIAL HEALTH ASSESSMENT - MEDICAL CERTIFICATE

Introduction

This information is being collected so that the Victorian Workcover Authority may assess your medical suitability to obtain a Licence to Drive a Vehicle Transporting Explosives or a Licence to Drive a Vehicle Transporting Dangerous Goods in Bulk.

Guidelines for completing this 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 the Victorian WorkCover Authority of any conditions that may affect your ability to drive a vehicle transporting either dangerous goods in bulk or explosives.
- You should make the doctor aware of any medical conditions you may have so that your doctor can advise the Authority, on your behalf, using this form.
- If the medical report has been requested for a particular reason, you should let your practitioner know this reason.
- On completion of the examination the doctor will provide you with the certificate to return to the Victorian WorkCover Authority.
- 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 a Magistrates' court.
- 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 the Victorian WorkCover Authority (VWA) and is not usually rebatable under Medicare.

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***. 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 the Victorian WorkCover Authority.
- 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 the Victorian WorkCover Authority.
- 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 Licence to Drive a Vehicle Transporting Dangerous Goods in Bulk;
  - 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.

Collection of Personal Information

Personal and health information collected by the VWA in connection with this application will be used for the purpose of assessing the application and administering the licence. The information may also be used for the administration and enforcement of legislation administered by the VWA, administration and evaluation of the VWA's programs generally and legal proceedings.

The VWA may disclose such personal and health information to its contractors and agents; to a court or tribunal; to other regulatory agencies (including police, for the purposes of investigating or conducting an interview in connection with the application) and to any person authorised by the individual to whom it relates, or by law, to obtain it.

The VWA maintains a publicly available database of licence holders. The VWA may publish this information on the VWA website. You may ask us not to publish information about your licence status on the website by sending your request, in writing, to the Manager, Licensing Branch.

The VWA may disclose a person's licence status to employers or prospective employers and members of the public who wish to check this status. Collection of this information may be required by Victorian Road Transport (Dangerous Goods) Act 1995 and regulations.

If you do not provide any or all of the information, your application may not be accepted or processed.

You have rights to have access to any personal information the VWA holds about you. You should contact the VWA Freedom of Information Unit. You can access the VWA Privacy Policy at www.workcover.vic.gov.au.

Certification of Medical and Physical Fitness

1. Applicants details – to be completed by the applicant

Family name ____________________ Title ________

Given names ____________________

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

Applicant's Signature ____________________ Date ___ / ___ / ___

Print Name ____________________

Licence type (please tick the type of licence for which this medical assessment is required. Note: you may tick more than one licence type)

☐ Licence to drive a vehicle transporting dangerous goods in bulk

☐ Licence to drive a vehicle transporting explosives

2. Medical assessment – to be completed by registered medical practitioner

Please refer to the instructions on the front of this form for details of 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

Patient examined according to ☐ Commercial vehicle standards

I certify that I have examined the above mentioned patient in accordance with the relevant National Medical Standards for commercial drivers as set out in Assessing Fitness to Drive 2003. 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: 1. **Criteria not met** and other relevant medical details 2. **Proposed restrictions** to licence (if appropriate) 3. Suggestions for **management and periodic review interval (conditional licence)**
☐ 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 that a conditional licence will not be issued unless adequate supporting information is provided by the examining medical practitioner*	
☐ Requires appropriate specialist assessment	Examining medical practitioner to note type of specialist recommended/referred or type of practical driver assessment required.
☐ Requires practical driving test.	
☐ Requires occupational therapist assessment	

3. Registered Medical Practitioner Details (Please Print)

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 Victoria

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.

Question	No	Yes
1. Are you currently being treated by a doctor for any illness or injury?	☐	☐
2. Are you receiving any medical treatment or taking any medication (either prescribed or otherwise)? *(please take any medications with you to show the doctor)*	☐	☐
3. Have you ever had, or been told by a doctor that you had any of the following?		
3.1 High blood pressure	☐	☐
3.2 Heart disease	☐	☐
3.3 Chest pain, angina	☐	☐
3.4 Any condition requiring heart surgery	☐	☐
3.5 Palpitations/irregular heartbeat	☐	☐
3.6 Abnormal shortness of breath	☐	☐
3.7 Head injury, spinal injury	☐	☐
3.8 Seizures, fits, convulsions, epilepsy	☐	☐
3.9 Blackouts, fainting	☐	☐
3.10 Stroke	☐	☐
3.11 Dizziness, vertigo, problems with balance	☐	☐
3.12 Double vision, difficulty seeing	☐	☐
3.13 Colour blindness	☐	☐
3.14 Kidney disease	☐	☐
3.15 Diabetes	☐	☐
3.16 Neck, back or limb disorders	☐	☐
3.17 Hearing loss or deafness or had an ear operation or use a hearing aid	☐	☐
3.18 Do you have difficulty hearing people on the telephone (including use of a hearing aid if worn)?	☐	☐
3.19 Have you ever had, or been told by a doctor that you had a psychiatric illness, or nervous disorder?	☐	☐
3.20 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	☐	☐
4 Have you ever had a sleep disorder?	☐	☐
4.1 Have you ever had, or been told by a doctor that you had sleep disorder, sleep apneoa, or narcolepsy?	☐	☐
4.1 Has anyone noticed that your breathing stops or is disrupted by episodes of chocking during your sleep?	☐	☐

4.2 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?
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.

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	☐
Watching TV	☐
Sitting, inactive in a public place (e.g. a theatre or meeting)	☐
As a passenger in a car for an hour without break	☐
Lying down to rest in the afternoon when circumstances permit	☐
Sitting and talking to someone	☐
Sitting quietly after a lunch without alcohol	☐
In a car, while stopped for a few minutes in the traffic	☐

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 knowlege the above information supplied by me is true and correct

Signature ______________________ Date / /

IMPORTANT

For privacy reasons, the completed Patient Questionnaire must not be returned to the licensing authority. Medical information relevant to driver licensing should be included on the Medical Certificate (in case of Licensing Authority - initiated examinations) or on the Medical Condition Notification Form (for assessments made in the course of patient treatment).