## Important notes for the APPLICANT

## 1. When making an appointment with your medical practitioner, please inform them the medical assessment is for a dangerous goods licence.

2. Take this medical certificate to your appointment for completion by your medical practitioner.

3. Lodge **only** this completed medical certificate with your application. This does not apply if you have a specialist report in support of your medical certificate which is also required to be lodged with your application.

## Important notes for the MEDICAL PRACTITIONER

1. This person is seeking a dangerous goods, or explosives licence to be issued for **five years**. The assessment must be made against the standards in Assessing Fitness to Drive – Medical Standards for Commercial and Private Vehicle Drivers 2022.
2. You should recommend conditions consistent with any currently endorsed on any other licence held by the person as a result of assessment against the standards in Assessing Fitness to Drive. This includes dangerous goods and explosives licences and the person’s motor driver’s licence.

**Medical certficate’s not completed correctly will be returned. This may delay the processing of your applicaiton.**

|  |
| --- |
| **Full name – Name must be entered in full and the same as on person’s motor driver’s licence.**  |
|  |
| Date of birth [ ] [ ]  / [ ] [ ]  / [ ] [ ] [ ] [ ]  | Are you familiar with this person’s medical history? [ ]  Yes [ ]  No  |

## Medical assessment - Please only tick ONE of the three boxes shown below.

## Please note: If a condition is to be applied to the licence, complete ONLY box 2

|  |  |  |
| --- | --- | --- |
| [ ]  | **1.**  | **Fit to drive without conditions** – any condition(s) recorded as a result of previous medical assessments against the standards in Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2022 no longer apply.  |
| [ ]  | **2.** | **Fit to drive with conditions** - please recommend condition(s) to be applied to the licence and a recommended medical review, if required. [ ]  Must wear visual aids [ ]  Must take medication as prescribed by medical practitioner [ ]  Must wear hearing aids[ ]  Other (please specify) ………………………………………………………..[ ]  Recommended medical review is requiredwithin the **five year** period of the licence. [ ]  6 monthly [ ]  Annual [ ]  2 yearly [ ]  Other (please specify) …………………………………  |
| [ ]  | **3.** | **Not fit to drive** - does not meet the medical criteria (please provide reason) ……………………………………………………………………………………………………….. |

## Medical practitioner’s certification

|  |
| --- |
| I certify that I have examined the above mentioned person in accordance with the relevant national medical standards as set out in the publication Assessing Fitness to Drive – Medical Standards for Commercial and Private Vehicle Drivers 2022. |
| Name of medical practitioner |  Medical practitioner’s stamp |
| Practice address |
| Practice email address |
| Phone  |
| **Medical practitioner’s signature** |
| **Date of assessment** |

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