

Instructions for Medical Assessment of Fitness to Drive for Commercial Drivers



Main Roads Western Australia (MRWA) has a legal responsibility to ensure that all Heavy Vehicle Pilots have the appropriate skills and abilities, and are medically fit. To meet this responsibility, legislation provides MRWA the authority to request any Heavy Vehicle Pilot or applicant to provide medical evidence of their suitability to pilot an oversize and/or overmass load. Payment for the medical examination is the responsibility of the applicant.

To the Driver/Applicant	To the Medical Practitioner
<p>1. Make an appointment with your Medical Practitioner.</p> <ul style="list-style-type: none"> As the examination may take longer than a routine consultation, you should advise that your appointment is for an Assessment of Fitness to Drive for Commercial Drivers. <p>2. Complete the Patient Questionnaire over the page.</p> <p>3. Complete your personal details on the Assessment of Fitness to Drive for Commercial Drivers.</p> <ul style="list-style-type: none"> Sign the consent to release information at the top right hand of the page. <p>4. Take the completed Patient Questionnaire and the Assessment of Fitness to Drive for Commercial Drivers to the appointment with your Medical Practitioner.</p> <ul style="list-style-type: none"> If you wear spectacles, hearing aids etc, please take them to the examination. Please have a list of the names and dosages of your medications to show the Medical Practitioner when you attend your appointment. <p>On completion of the examination the Medical Practitioner will forward the medical Assessment of Fitness to Drive for Commercial Drivers to MRWA.</p> <p>For further information please contact Heavy Vehicle Services on 138 486.</p>	<ul style="list-style-type: none"> The examination must be conducted in accordance with the national medical standards described in Assessing Fitness to Drive. This publication is available online at www.austroads.com.au. It details the examination process and provides an examination proforma to guide you. <p>• Distribute the completed certificate as follows:</p> <ul style="list-style-type: none"> Provide your comments on the original Assessment of Fitness to Drive for Commercial Drivers (together with additional information relevant to the patient's fitness to drive) to: Main Roads Heavy Vehicle Services PO Box 374 WELSHPOOL DC WA 6986 Please mark as 'Confidential' Or email to pilots@mainroads.wa.gov.au. Retain a copy for the patient's medical record together with detailed examination notes. <p>- Information not relevant to the patient's fitness to drive should not be forwarded to MRWA.</p> <ul style="list-style-type: none"> If you have any doubts about the information required, or wish to discuss the case personally, please contact Heavy Vehicle Services on 138 486. Indemnity - State or Territory legislation provides legal indemnity to practitioners who conduct an examination and provide MRWA with an opinion on the basis of that examination. Criminal Liability & Insurance – Medical Practitioners may be liable under civil law in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of Medical Practitioners and may reasonably expect Medical Practitioners to comply with the national medical standards. The examination must be accordance with the set of medical standards described in the: <i>Assessing Fitness to Drive for commercial and private vehicle drivers</i>, Fifth Edition 2016, published by Austroads Ltd (ISBN 978-1-925451-10-8) or equivalent.

Patient Questionnaire

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your Medical Practitioner what it means.

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|---|--------------------------|--------------------------|
| | No | Yes |
| 1. Are you currently being treated by a Medical Practitioner 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)?
(Please take a list of your medications and dosages with you to show the Medical Practitioner) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you <u>ever</u> had, or been told by a Medical Practitioner that you have, any of the following? | | |
| | No | Yes |
| 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"/> |
| | No | Yes |
| 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 a Psychiatric illness, or nervous disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.18 Hearing loss or deafness or had an ear operation or use a hearing aid | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.19 Do you have difficulty hearing people on the telephone
(including use of hearing aid if worn)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.20 Any other serious injury, illness, operation, or been in hospital for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|--------------------------|--------------------------|
| 4.1 Have you ever had, or been told by a Medical Practitioner that you have a sleep disorder, sleep apnoea, or narcolepsy? | No | Yes |
| 4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep? | <input type="checkbox"/> | <input type="checkbox"/> |

- 5.0 Please tick the answer that is correct for you:
How often do you have a drink that contains alcohol?
- Never
 - Monthly
 - Two to four times a month
 - Two to three times a week
 - Four or more times a week

- | | | |
|-------------------------------|--------------------------|--------------------------|
| 6.0 Do you use illicit drugs? | No | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 7.0 Do you use any drugs or medications not prescribed for you by a Medical Practitioner? | No | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 8.0 Have you been in a vehicle crash since your last Fitness to Drive assessment?
If Yes, please give details: | No | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's Declaration (in presence of Medical Practitioner):

I, _____
(FAMILY NAME)
(GIVEN NAME)

certify that to the best of my knowledge 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 MRWA. Medical information relevant to the Heavy Vehicle Pilot

Licence should be included in on the Assessment of Fitness to Drive for Commercial Drivers.