Driver Health Questionnaire

RETAINED BY REGISTERED MEDICAL PRACTITIONER

Commercial passenger vehicles and commercial or local buses

The Taxi Services Commission (TSC) has a legal responsibility to ensure that all drivers have the appropriate skills and abilities, and are medically fit to hold a driver accreditation. Legislation gives the TSC the authority to ask any driver accreditation holder or applicant to provide medical evidence of their suitability to drive and/or undergo a driver assessment.

To the applicant/holder of driver accreditation

- Make an appointment with your doctor and take this form with you to the appointment.
- The examination may take longer than a routine consultation so advise the receptionist when making the appointment that you are attending for this purpose.
- If you wear spectacles, hearing aids etc. please take them with you to the examination.
- Complete the driver health questionnaire on this form and provide it to the doctor. Sign the bottom of the questionnaire in the presence of the doctor.
- If the medical report has been requested for a particular reason, you should let the doctor know this reason.
- You are required by law to advise the TSC of any condition that may affect your ability to drive. You should make the doctor aware of any medical conditions you may have.
- On completion of the examination, the doctor will provide you with the medical certificate to return to the TSC.
- Payment for the medical examination is the responsibility of the applicant/accreditation holder.

To the registered medical practitioner

- This medical examination must be conducted in accordance with the national medical standards described in *Assessing Fitness to Drive 2012* (AFTD). These are available from the web on www.austroads.com.au. The standards detail the examination process and the medical criteria for fitness for driving. Driver accreditation holders must meet the commercial vehicle driver standards.
- The applicant will complete the driver health questionnaire and is required to sign it in your presence.
- Complete the clinical examination proforma on this form as a record of your examination and retain it and the driver health questionnaire for your records.
- Upon completion of the examination please complete the medical certificate and vision acuteness certificate sections of the application for accreditation to drive a commercial passenger vehicle and commercial or local bus form.
- Distribute the completed certificates as follows:
  - Provide the original certificates (together with additional information relevant to the patient's fitness to drive) to the patient for them to present to the TSC.
  - Retain a copy for the patient's medical record together with detailed examination notes and this form.
  - Information not relevant to the patient's fitness to drive should not be forwarded to the TSC.
- If you have doubts about your patient's suitability to drive, you may suggest a driver assessment or referral to a suitable practitioner, which must be indicated on the certificate that is returned to the TSC.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact the TSC directly.
- Indemnity – State legislation provides legal indemnity to practitioners who conduct an examination and provide the TSC with an opinion based on that examination.
- Criminal liability and insurance – 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.

Conditions and restrictions

- If appropriate, the medical practitioner may recommend conditions which may enhance driver competency or safety and allow their patient to continue to drive (eg. corrective lenses).
- If the medical practitioner recommends a conditional licence details of the recommended restrictions and reasons must be provided, otherwise a conditional accreditation will not be considered.
- For more information about Conditional licences see AFTD page 13.
- If the medical practitioner believes that vehicle modifications are necessary (eg. hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the patient will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary.
- A conditional licence for a commercial vehicle driver can only be recommended by a specialist in the relevant medical field.

This record should be retained by the registered medical practitioner conducting the assessment

Taxi Services Commission
Lower Ground Floor, 1 Spring Street, Melbourne, VIC 3000
GPO Box 1716, Melbourne VIC 3001 Phone: 1800 638 802 (toll-free) www.taxi.vic.gov.au

April 2016

TAXI SERVICESCOMMISSION

VICTORIA State Government

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RETAINED BY REGISTERED MEDICAL PRACTITIONER

Commercial passenger vehicles and commercial or local buses

Driver health questionnaire

Applicant to complete – registered medical practitioner to retain

This questionnaire must be completed in order to help assess your fitness for driving a commercial passenger vehicle and commercial or local bus. Please answer the questions by ticking the appropriate box or circling the appropriate response. If you are not sure, leave the question blank and ask the medical practitioner what it means. The medical practitioner may ask you more questions during the assessment.

1. Are you currently being treated by a doctor for any illness or injury? ☐ No ☐ Yes
2. Are you receiving any medical treatment or taking any medication (prescribed or otherwise)? ☐ No ☐ Yes

Please take any medications with you to show the doctor. Please note brief details:

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

	No	Yes		No	Yes
3.1 High blood pressure	☐	☐	3.13 Double vision, difficulty seeing	☐	☐
3.2 Heart disease	☐	☐	3.14 Colour blindness	☐	☐
3.3 Chest pain, angina	☐	☐	3.15 Kidney disease	☐	☐
3.4 Any condition requiring heart surgery	☐	☐	3.16 Diabetes	☐	☐
3.5 Palpitations/irregular heartbeat	☐	☐	3.17 Neck, back or limb disorders	☐	☐
3.6 Abnormal shortness of breath	☐	☐	3.18 Hearing loss or deafness or had an ear operation or use a hearing aid	☐	☐
3.7 Head injury, spinal injury	☐	☐	3.19 Do you have difficulty hearing people on the telephone (respond Yes if you require a hearing aid)?	☐	☐
3.8 Seizures, fits, convulsions, epilepsy	☐	☐	3.20 Do you smoke or have you ever been a smoker?	☐	☐
3.9 Blackouts or fainting	☐	☐	3.21 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	☐	☐
3.10 Migraine	☐	☐	3.22 Do you use illicit drugs?	☐	☐
3.11 Stroke	☐	☐			
3.12 Dizziness, vertigo, problems with balance	☐	☐			

4. Please tick the box "No" or "Yes" in response to the following:

4.1 Have you ever had, or been told by a doctor that you had 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? ☐ No ☐ Yes

Epworth sleepiness scale

4.3 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

Situation	Chance of dozing (0 to 3)			
	0	1	2	3
4.3.1 Sitting and reading	☐	☐	☐	☐
4.3.2 Watching TV	☐	☐	☐	☐
4.3.3 Sitting, inactive in a public place (eg. In a theatre or meeting)	☐	☐	☐	☐
4.3.4 As a passenger in a car for an hour without a break	☐	☐	☐	☐
4.3.5 Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
4.3.6 Sitting and talking to someone	☐	☐	☐	☐
4.3.7 Sitting quietly after a lunch without alcohol	☐	☐	☐	☐
4.3.8 In a car, while stopped for a few minutes in the traffic	☐	☐	☐	☐

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5. Do you drink alcohol?
(If "No" please proceed to the Driver declaration below) ☐ No ☐ Yes

	Please circle the answer that is correct for you				
	(0)	**(1)**	**(2)**	**(3)**	**(4)**
5.1 How often do you have a drink containing alcohol?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or 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 alcoholic drinks on one occasion?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or more times a week*
5.4 How often during the last year have you found that you were not able to stop drinking alcohol once you had started?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or more times a week*
5.5 How often during the last year have you failed to do what was normally expected from you because of drinking alcohol?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or more times a week*
5.6 How often during the last year have you needed a first alcoholic drink in the morning to get yourself going after a heavy drinking session?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or more times a week*
5.7 How often during the last year have you had a feeling of guilt or remorse after drinking alcohol?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or more times a week*
5.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking alcohol?	*Never*	*Monthly or less*	*Two to four times a month*	*Two to three times a week*	*Four or more times a week*
5.9 Have you or someone else been injured as a result of your drinking alcohol?	*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 alcohol or suggested you cut down?	*No*		*Yes, but not in the last year*		*Yes, during the last year*

Driver declaration *(In presence of medical practitioner)*

I, _____ (Print name)

certify that to the best of my knowledge the above information supplied by me is true and correct and that I am aware that it is an offence to provide false or misleading information under the *Transport (Compliance and Miscellaneous) Act 1983* (Vic.).

Signature of applicant

_____

Signature of registered medical practitioner conducting examination

_____

Date

/ /

The completed questionnaire should be retained by the registered medical practitioner and not returned to the Taxi Services Commission.

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Clinical examination proforma

Registered medical practitioner to complete and retain

The examiner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, eg Mini Mental State Questionnaire or equivalent for cognitive conditions. This form is to be retained by the registered medical practitioner and not returned to the TSC. Findings relevant to the person's fitness to drive should be recorded on the Medical Report supplied by the TSC.

Applicant's details

Surname/family name

First name/given name

Address

Postcode

Date of examination

/ /

1. Cardiovascular system:

1.1 Blood pressure (repeat if necessary)

Systolic:		mmHg		mmHg
Diastolic:		mmHg		mmHg

1.2 Pulse rate: ☐ Regular ☐ Irregular

1.3 Heart sounds: ☐ Normal ☐ Abnormal

1.4 Peripheral pulses: ☐ Normal ☐ Abnormal

2. Chest/lungs: ☐ Normal ☐ Abnormal

3. Abdomen (liver): ☐ Normal ☐ Abnormal

4. Neurological/locomotor:

4.1 Cervical spine rotation ☐ Normal ☐ Abnormal

4.2 Back movement ☐ Normal ☐ Abnormal

4.3 Upper limbs

(a) Appearance ☐ Normal ☐ Abnormal

(b) Joint movements ☐ Normal ☐ Abnormal

4.4 Lower limbs

(a) Appearance ☐ Normal ☐ Abnormal

(b) Joint movements ☐ Normal ☐ Abnormal

4.5 Reflexes ☐ Normal ☐ Abnormal

4.6 Romberg's sign* ☐ Normal ☐ Abnormal

* A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds.

5. Vision:

5.1 Visual acuity

Uncorrected		Corrected	
Right eye	Left eye	Right eye	Left eye
6/	6/	6/	6/

Are contact lenses worn? ☐ No ☐ Yes

5.2 Visual fields
(Confrontation to each eye) ☐ Normal ☐ Abnormal

6. Hearing: ☐ Normal ☐ Abnormal

7. Urinalysis:

7.1 Protein ☐ Normal ☐ Abnormal

7.2 Glucose ☐ Normal ☐ Abnormal

8. Neuropsychological assessment

Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

Score

Relevant clinical findings

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD (attach additional pages if required).

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