

# Medical Certificate for Motor Vehicle Driver

Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 1973,  
Transport Operations (Road Use Management) Act 1995



Queensland  
Government

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion as to whether or not you meet the medical and/or visual standard for a driver licence for the class/es of licence you are applying for, renewing or currently hold.

**Part 1** of this form should be completed by you before giving the form to your treating doctor;

**Part 2** should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required);

**Part 3** should be completed by the treating optometrist/ophthalmologist if the vision or eye disorder is not rectified by wearing glasses or contact lenses;

**Part 4 Medical Assessment Information** provides helpful information about this form.

This medical assessment should be conducted in accordance with the national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD). This publication is available from the Department of Transport and Main Roads (the department) or the Austroads website [www.austroads.com.au](http://www.austroads.com.au). For more information about medical conditions and medications, please refer to the department's website [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au).

**Parts 1 and 2 of this form must be completed in full or it will not be accepted by the department.**

## Part 1 Personal Details (to be completed by the driver)

### 1. Personal details

Family name

Given name/s

Date of birth

Male

Female

Residential address

  
  
  
Postcode

Licence number (if known)

State/ Territory/ Country of issue

### 2. What type of licence are you applying for or currently hold?

Learner

P, P1, P2 type

Open

### 3. What class/es of licence are you applying for or currently hold?

Motorbike (RE or R)

Heavy Rigid (HR)

Car (C)

Heavy Combination (HC)

Light Rigid (LR)

Multi-Combination (MC)

Medium Rigid (MR)

Specially Constructed Vehicle (UD)

### 4. Do you drive, or intend to drive—

- a vehicle with a GVM of more than 8t (class MR, HR, HC, MC, UD)?

No  Yes  see note 1\*

- a public passenger vehicle (for example, bus, taxi, limousine)?

No  Yes  see note 1\*

- a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs?

No  Yes  see note 1\*

**\*Note 1:** Please complete page 1 of the Private and Commercial Vehicle Driver's Health Assessment form F3195 before the assessment. You should be assessed using the commercial standards under the AFTD.

### 5. Do you need to wear glasses or contact lenses for driving?

No  Yes

### 6. Have you been given a show cause notice, issued by a driver licensing authority or a police officer to amend, suspend or cancel your driver licence?

No  Yes

### 7. Driver's declaration:

I understand that if I have stated anything on this form that is false or misleading the driver licence granted to me will be absolutely void and have no legal effect whatsoever.

I understand that I may be prosecuted for giving or stating any false or misleading information in relation to this form.

I declare that the information given to my treating doctor, optometrist or ophthalmologist (if required) about my medical condition is, to the best of my knowledge, true and correct. I give my consent for a departmental person to contact my treating doctor, optometrist or ophthalmologist (if required), for further information or clarification relevant to my medical condition or about my ability to drive safely the class of vehicle authorised to be driven under the licence applied for or currently held.

Driver's signature (sign in the presence of the treating doctor)

Date

**Privacy Statement:** The Department of Transport and Main Roads (the department) provides this form under the *Transport Operations (Passenger Transport) Act 1994*, *Transport Operations (Road Use Management) Act 1995* and the *Tow Truck Act 1973* so that you may confirm your medical fitness to drive a motor vehicle safely. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities. The department will not disclose your personal information to any other third parties without your consent unless authorised by law.

**Part 2 MEDICAL ASSESSMENT** (to be completed by **treating doctor**)

Please refer to national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD) available at the Austroads website [www.austroads.com.au](http://www.austroads.com.au). If you are uncertain of the impact of any medical condition on the person's ability to drive safely, the person should be referred to a specialist, physiotherapist or occupational therapist for an assessment. **Note:** Do not complete this Medical Assessment until you have received any necessary reports from the person's treating specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist. The responsibility for issuing, renewing, suspending or cancelling a person's licence (including a conditional licence) lies ultimately with the Department of Transport and Main Roads. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. For further information about this form, refer to Part 4 of this form or call the department on 13 23 80.

**1. Were you familiar with this person's medical history prior to this assessment?**  
 No  Yes

**2. How long has this person been treated at this medical practice?**  
 weeks/ months/ years

**3. What is your assessment of this person's visual acuity?**  
 (Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)

R 6 /	L 6 /	Binocular 6 /
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**3.1 Visual fields (confrontation to each eye)**  
 Normal  Abnormal

**4. Does this person need to wear glasses or contact lenses for driving?**  
 (Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)  
 No  Yes  Code S will be shown on the licence

**5. Does this person have any other vision or eye disorders?**  
 (Note: Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses)  
 No  Yes  Code M may be shown on the licence

**6. In my opinion, the person named in this report:**

A.  Meets the medical criteria for an **unconditional licence**

B.  Meets the medical criteria for an **unconditional licence** as medical condition has improved and **no longer needs a conditional licence** and requires **no** further review (*code M will be removed from the licence*).

C.  Meets the medical criteria for a **conditional licence** and requires further review (*code M will be shown on the licence*).

**Other recommended conditions/restrictions**

A - vehicle fitted with automatic transmission

B - vehicle fitted with synchromesh gearbox

V - vehicle specially modified to suit the person's physical disability\*

other stated 'recommended' conditions\*

\* (refer to Table 3 Licence Conditions on page 14 AFTD). Provide details of the recommended driver aids, vehicle equipment/modification or any other recommended conditions in question 9.

D.  Does not meet the medical criteria as set out in the AFTD.

**7. What medical standards according to vehicle/licence type did you refer to in the AFTD for this medical assessment?**  
 Private Standards  Commercial Standards   
 Licence class/es

**8. Does this person's medical condition require periodic review?**  
 (refer to AFTD)  
 No  (Meets the medical criteria for an unconditional licence with no further assessment)  
 Yes  **What is the Medical Certificate review/expiry date?**  
 (From 1 January 2014, if the person is 75 or older the maximum review/expiry date is 12 months from the date of issue)

**9. Details of other recommended conditions/restrictions** (Please also consider any recommended conditions/restrictions stated in Part 3 of this form)

**Doctor's details** (please PRINT)

Name  Telephone number

Address (office stamp)

Signature  Date

TRB Forms Area Form F3712 V01 Dec 2013  
 This 'tear-off' medical certificate must be carried when driving.

**Medical Certificate**  
 for Motor Vehicle Driver  
 (To be completed by the treating doctor if the driver is 75 years or older or question 6C of Part 2 has been completed)

Name of driver (please PRINT)

Licence number (if known)

Review/expiry date (provide details from question 8)

Medical Certificate Issue date

Licence class/es (provide details from question 7)

Driving conditions/restrictions (provide details from questions 6C and 9)

fold here

fold here

**Doctor's details**

Signature

Name (please PRINT)

Address and contact telephone number (office stamp)



**Part 3 EYESIGHT ASSESSMENT** (to be completed by **optometrist or ophthalmologist**)

This assessment should be conducted in accordance with the national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD) available at the Austroads website [www.austroads.com.au](http://www.austroads.com.au).

This eyesight assessment is only to be used to make a medical determination of a person's visual or eye condition and not a holistic fitness to drive assessment.

The completed assessment must be returned to the treating doctor and should only be used in conjunction with Parts 1 and 2. The department will not accept this Part 3 without the completion of Parts 1 and 2. Part 3 is not to be used as a stand alone assessment.

**1. What medical standards did you refer to in the AFTD to assess this person's eyesight?**

Private Standards

Commercial Standards

**2. In my opinion, the person named in this report:**

A.  **Meets** the visual criteria for an **unconditional licence**

B.  **Meets** the visual criteria for an **unconditional licence** as visual condition has improved and **no longer needs a conditional licence** and requires no further review.

*Code M may be removed from the licence once the treating doctor has completed Part 2 and considers there are no other conditions/restrictions. Provide details opposite.*

C.  **Meets** the visual criteria for a **conditional licence** and requires further review (*code M will be shown on the licence*).

**Other recommended conditions/restrictions**  
(refer to *Table 3 Licence Conditions* on page 14 AFTD).  
Provide details opposite.

D.  **Does not meet** the visual criteria as set out in the AFTD.

**Recommended conditions/restrictions**


**3. What is your assessment of the person's visual acuity?**

R 6 /	L 6 /	Binocular 6 /
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**4. Does this person need to wear glasses or contact lenses for driving?**

No  Yes  **Code S will be shown on the licence.**

**5. Visual fields**

Visual fields tested by confrontation  or automated perimetry

Normal

Abnormal

**Optometrist's/ophthalmologist's details** (please PRINT)

Name

Telephone number

Address (office stamp)   

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 Postcode

Signature

Date  /  /

## Part 4 MEDICAL ASSESSMENT INFORMATION

This information has been prepared as a guide for you and your treating doctor when a medical assessment is required to determine whether or not you meet the medical standards for the class of driver licence being applied for, renewed or currently held. These standards are set out in the national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD).

The department provides the following medical assessment forms—

- **Private and Commercial Vehicle Driver's Health Assessment (form F3195)**

This form has been provided to assist your treating doctor to determine whether you meet the medical standards for a conditional or unconditional driver licence. The form will assist your treating doctor when completing the *Medical Certificate for Motor Vehicle Driver* (form F3712). The completed form F3195 will be retained by your treating doctor.

- **Medical Certificate for Motor Vehicle Driver (form F3712)**

- Part 1 of this form must be completed by you and taken to the appointment with your treating doctor.
- Part 2 of this form has been provided so that your treating doctor may declare whether or not you meet the medical standards for a conditional or unconditional driver licence for the class of licence being applied for, renewed, or currently held.
- Part 3 has been developed to be completed by a treating optometrist or ophthalmologist if your treating doctor has requested an assessment of your vision standards.

### Important note:

After assessing your fitness to drive, your treating doctor may complete a *Medical Certificate for Motor Vehicle Driver* (form F3712). This form must be given to the department promptly if you are applying for the grant or renewal of a driver licence. If you currently hold a driver licence this form must be given to the department promptly if the assessment recommends:

- a change to the class or conditions stated on the driver licence
- the addition of an M condition
- the removal of an M condition

The department may contact your treating doctor as soon as the department receives this form.

### Steps to getting a completed medical certificate

- Make an appointment with your treating doctor to discuss how your medical condition/s and/or medication may affect your ability to drive safely. When making an appointment, you should tell your treating doctor why you are making the appointment because this kind of medical assessment may take longer than a standard consultation.
- Tell your treating doctor if you are, or intend to be, a commercial vehicle driver. You must complete the Health Questionnaire on page 1 of the *Private and Commercial Vehicle Driver's Health Assessment* (form F3195) and give the form to your treating doctor before your medical assessment. Your treating doctor should complete page 2 and retain this completed form for their record purposes.
- Complete Part 1 of the *Medical Certificate for Motor Vehicle Driver* (form F3712) and take it with you to the appointment with your treating doctor.
- If the medical assessment has been requested for a particular reason, you should let your treating doctor know this reason.
- If you need to wear glasses or contact lenses when driving, please take them to the assessment.

- Your treating doctor may refer you to a specialist if unable to form an opinion on a particular medical condition. If your treating doctor has referred you to an optometrist or ophthalmologist, Part 3 of the *Medical Certificate for Motor Vehicle Driver* (form F3712) should be completed by your treating optometrist or ophthalmologist.
- Any report obtained from your specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist must be given to your treating doctor before they complete Part 2 of the *Medical Certificate for Motor Vehicle Driver* (form F3712).
- Your treating doctor should indicate on the form whether or not, in their professional opinion, you meet the medical standards for a conditional or unconditional driver licence.
- The department will consider the opinion of your treating doctor and then decide whether or not you are eligible for the grant, renewal or the upgrade of a class of licence.

If the decision is to grant a conditional licence, downgrade your class of licence or cancel your licence on the basis of this medical assessment, you may ask for a reconsideration of this decision. You may also appeal to the Queensland Civil and Administrative Tribunal (QCAT) against this decision.

You may reapply for the grant of a licence or an upgrade of your class of licence, when you meet the medical standard for that licence or class of licence.

### Please note:

- **Parts 1 and 2 must be completed in full or this form will not be accepted by the department.**
- **The applicant for, or the holder of, a Queensland driver licence is responsible for payment of the medical assessment and any associated costs.**
- The department has a legal responsibility to ensure that the applicant for, or the holder of, a Queensland driver licence does not have a mental or physical incapacity (a **medical condition**) that is likely to adversely affect their ability to drive safely.
- The department is authorised by law to require the applicant or holder to give medical evidence whether or not they meet the medical criteria for a conditional or unconditional driver licence for the class of licence being applied for, renewed or currently held.
- The holder of a Queensland driver licence is also required by law to tell the department if, after the grant or renewal of their driver licence, they become aware that—
  - they have a permanent or long term medical condition that is likely to adversely affect their ability to drive safely; or
  - there is a permanent or long term increase in, or other aggravation of, a medical condition about which they have already told the department.

### Contact information

For more information about medical conditions, medications or for further copies of this form and the *Private and Commercial Vehicle Driver's Health Assessment* (form F3195), contact your nearest Department of Transport and Main Roads Customer Service Centre (or driver licence issuing centre), visit the website at [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au) or call 13 23 80.

**Indemnity**—The *Transport Operations (Road Use Management) Act 1995*, s 142 provides indemnity against liability, both civilly or under an administrative process, for health professionals who give information in good faith to the department about a person's medical fitness to hold, or to continue to hold, a Queensland driver licence.