

## **Medical Condition Notification Form**

## For use of registered medical practitioners ONLY

Patient details (please print)	
Title: (Mr / Mrs / Ms:)	
Surname:	Given names:
Full address:	
Date of birth:	Licence no.: (if known)
Assessment of fitness to drive	
I have examined the above named patient in accordan out in Assessing Fitness to Drive to the following stand	
Private driver standards	Commercial driver standards
I have known / treated the patient for years.	
In my opinion, the person subject to the report: (please	tick one of the two options below)
Option 1 does not meet the relevant medical criteria	for an unconditional or conditional driver licence
Please describe the nature of the condition and the medica	I criteria not met:
Option 2 - meets the relevant medical criteria for a co	
Please provide information to support the consideration condition, evidence of the medical criteria met and consider	
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Patient details (please print)	
Title: (Mr / Mrs / Ms:)	
Surname:	Given names:
	led licence conditions or restrictions including requirement for periodic modifications, corrective lenses or restricted daytime driving etc:
Further comments /	eports appear attached
Health professional details (	please print)
Reporting Professional's name:	
Provider number:	
Addross:	
Signature:	Date:
Send completed form to:	
DIRECTOR. Alternatively, if you are	online direct to Transport for NSW using BEST PRACTICE, GENIE OR MEDICA egistered with Healthlink you can submit this form via the Healthlink Website porta edical report to Transport for NSW on behalf of the patient, please email to
Manager, Licence Review Unit Locked Bag 14 Grafton NSW 2460	

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