Driver Health Questionnaire

RETAINED BY REGISTERED MEDICAL PRACTITIONER

Commercial passenger vehicles and commercial or private buses

Commercial Passenger Vehicles Victoria (CPVV) 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 CPVV the authority to ask any driver accreditation holder or applicant to provide medical evidence of their suitability to drive and/or to 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 CPVV 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 completed medical assessment form to return to CPVV.
- 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* 2016 (AFTD). These are available at austroads.com.au The standards detail the examination process and the medical criteria for fitness to drive. Driver accreditation holders must meet the commercial passenger 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 assessment form.
- Distribute the completed medical assessment form as follows:
  - Provide the original medical assessment form (together with additional information relevant to the patient's fitness to drive) to the patient for them to present to CPVV.
  - Retain a copy for the patient's medical record together with detailed examination notes and this form.
- 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 medical assessment form that is returned to CPVV.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact CPVV directly.

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 accreditation, details of the recommended restrictions and reasons must be provided.
- For more information about conditional accreditation 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 accreditation 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

Commercial Passenger Vehicles Victoria
Ground Floor, 1 Spring Street, Melbourne VIC 3000
GPO Box 1716, Melbourne VIC 3001 Phone: 1800 638 802 (toll-free) cpv.vic.gov.au

July 2019

COMMERCIAL PASSENGER VEHICLES VICTORIA

CPVV_F005_11470_18/126129_06/18_V2

Driver Health Questionnaire

RETAINED BY REGISTERED MEDICAL PRACTITIONER

Commercial passenger vehicles and commercial or private buses

Driver health questionnaire

Applicant to complete – registered medical practitioner to retain

This questionnaire must be completed in order to help assess your fitness to drive a commercial passenger vehicle and commercial or private 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
3.1 High blood pressure	☐	☐
3.2 Heart disease	☐	☐
3.3 Chest pain, angina	☐	☐
3.4 Any condition requiring heart surgery	☐	☐
3.5 Palpitations/irregular heartbeat	☐	☐
3.6 Abnormal shortness of breath	☐	☐
3.7 Head injury, spinal injury	☐	☐
3.8 Seizures, fits, convulsions, epilepsy	☐	☐
3.9 Blackouts or fainting	☐	☐
3.10 Migraine	☐	☐
3.11 Stroke	☐	☐
3.12 Dizziness, vertigo, problems with balance	☐	☐
3.13 Double vision, difficulty seeing	☐	☐
3.14 Colour blindness	☐	☐
3.15 Kidney disease	☐	☐
3.16 Diabetes	☐	☐
3.17 Neck, back or limb disorders	☐	☐
3.18 Hearing loss or deafness or had an ear operation or use a hearing aid	☐	☐
3.19 Do you have difficulty hearing people on the telephone (respond Yes if you require a hearing aid)?	☐	☐
3.20 Do you smoke or have you ever been a smoker?	☐	☐
3.21 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	☐	☐
3.22 Do you use illicit drugs?	☐	☐

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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Commercial passenger vehicles and commercial or local buses

Driver health questionnaire

Applicant to complete – registered medical practitioner to retain

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 you 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 *Commercial Passenger Vehicle Industry Act* 2017.

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 Commercial Passenger Vehicles Victoria.

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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 CPVV. Findings relevant to the person's fitness to drive should be recorded on the medical assessment form supplied by CPVV.

Applicant's details

Last name

First 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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