Eyesight report

Transport Victoria

Applicant / Licence holder details

Surname	Date of birth	D D M M Y Y Y Y
First given name	Second given name	Third initial *(if any)*
Residential address	Postcode	
Postal address *(if different)*	Postcode	
Mobile phone no. *(or other if not applicable)*	Email	
Licence/learner permit no.		

Preferred contact method: ○ Mail ○ Email Note: If your address details have changed please contact VicRoads on 13 11 71 or visit **vicroads.vic.gov.au**

Patient authority

I agree to the practitioner named on this form completing the report and forwarding it to the Medical Review Team and agree to the Medical Review Team's use and disclosure of personal and health information contained in the form in accordance with the statement in 'Medical Review's' responsibility and authority' (refer page 2 of this document).

Applicant signature

Date D D M M Y Y Y Y

Current licence/permit type

- ○ **Car/Motorcycle/Light truck (LR)**
- ○ **Bus/Truck (MR, HR, HC, MC)**
- ○ **Marine/Personal watercraft**
- ○ **None**

Are you applying for any of the following:

- ○ **Reissue of driver licence/permit**
- ○ **Remove/change condition of licence/permit**
- ○ **Car/Motorcycle learner permit**
- ○ **Marine/Personal watercraft endorsement**
- ○ **Heavy Vehicle endorsement (MR, HR, HC, MC)**

How to complete this form if you're an optometrist/ophthalmologist

1. All sections of this form and the *Fitness to drive assessment* must be completed according to the private and/or commercial standards applicable to the licence type. Refer AFTD: part B:10 (page 124 – 131)
2. Use a cross (X) to answer Yes/No questions. Where a question is not answered, it will default to be marked as 'No'.
3. Please use block letters for all comments.
4. To ensure patient information provided is complete, please double-check all sections of this form, including the *Fitness to drive assessment* on page 2.
5. If you have any information not covered in this form, please notify us via email **medicalreview@transport.vic.gov.au** or call (03) 8391 3226.
6. If you have any questions, please call a Medical Review Case Manager on (03) 8391 3226.

Please note: Drivers carrying dangerous goods and public passengers (e.g. taxi drivers, driving instructors, etc.) fall under the 'commercial' standards of Assessing Fitness to Drive guidelines 2016.

We recommend you send your report(s) to us by email or fax. If you prefer to post, please allow up to two weeks for postal delivery.

Visual acuity *(You must complete this section)*

Refer AFTD/2016: part B:10 (page 124-131)

Visual acuity, **unaided**	R 6/	L 6/	Binocular 6/
Visual acuity, **aided**	R 6/	L 6/	Binocular 6/

Does the patient have a vision or eye disorder? ○ Yes ◉ No

If YES, please apply an **X** as appropriate for the condition/s:

- ☐ Cataracts (untreated): ***Right eye***
- ☐ Cataracts (untreated): ***Left eye***
- ☐ Poor night vision
- ☐ Glaucoma
- ☐ Diabetic retinopathy
- ☐ Nystagmus
- ☐ Optic neuropathy
- ☐ Diplopia
- ☐ Retinitis pigmentosa
- ☐ Macular degeneration
- ☐ Other *(please specify)*

Does the patient have a visual field defect? ○ Yes ◉ No

If YES, Binocular visual field map results must be completed below:

Please note as per current *Assessing Fitness to Drive (AFTD) Guidelines*, an *Esterman Binocular Chart* is preferred. Refer to *AFTD Guidelines*, Part 10 – Visual fields, page 129. Please attach visual field charts.

Does the patient's visual field meet relevant criteria specified in the *Assessing Fitness to Drive* guidelines?

Private standards ○ Yes ○ No

Commercial standards ○ Yes ○ No

Comments

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Fitness to drive assessment *(You must complete this section)*

Private Licence Standard

In my opinion, the patient of this assessment *(apply an **X** in one option):*

- ● **Option 1 - Does not meet the national vision standards for a driver licence**
- ○ **Option 2 - Meets the national vision standards for a driver licence**
- ○ **Option 3 - Meets the national vision standards for a licence/permit subject to:** *(apply an **X** in one or more)*
  - ☐ Periodic medical review
  - ☐ Daylight hours restriction
  - ☐ Corrective lenses to be worn when driving
  - ☐ Other restriction *(please specify)*

  Rationale for conditions
- ○ **Option 4 - Requires further assessment by an ophthalmologist to determine fitness to drive:**
  - ☐ Apply an **X** if the patient is safe to drive pending the assessment/medical review outcome(s).

Commercial Licence Standard *(complete only if applicable)*

In my opinion, the patient of this assessment *(apply an **X** in one option)*:

- ● **Option 1 - Does not meet the national vision standards for a commercial driver licence**
- ○ **Option 2 - Meets the national vision standards for a commercial driver licence**
- ○ **Option 3 - Meets the national vision standards for a commercial driver licence subject to: *(apply an X in one or more)***
  - ☐ Periodic medical review
  - ☐ Corrective lenses to be worn when driving
- ○ **Option 4 - Requires further assessment by an ophthalmologist to determine fitness to drive**
  - ☐ Apply an **X** if the patient is safe to drive pending the assessment/medical review outcome(s).

Authority

The Road Safety (Drivers) Regulations 2019 requires drivers to notify the Medical Review Team if affected by a permanent or long-term injury or illness, or the effect of treatment for any of those things, that may impair safe driving ability. This notification must be made as soon as practicable.

The Road Safety Act 1986 gives the Medical Review Team the authority to require a person to undergo tests, including medical tests, assessment of road law knowledge and driving tests.

Practitioner's details *(please use BLOCK letters or official stamp)*

Surname	
Given name	
Address	
	Postcode
Phone	
Email	
Signature	
Qualifications	
AHPRA Registration number	
Date	D D M M Y Y Y Y

Medical Review's responsibility and authority

Decisions

In making a licensing decision, the Medical Review Team may seek input regarding a person's medical fitness to drive from health professionals and/or driving assessors. The Medical Review Team may also act on unsolicited reports from health professionals, the police or members of the public regarding a person's fitness to drive.

Personal and/or health information

The Department of Transport and Planning ABN 69 981 208 782 (`Department') and R&L Services Victoria Pty Ltd ABN 28 657 005 493 (as Trustee for the Victorian R&L Services Trust ABN 96 342 123 072), known as `VicRoads' and acting on behalf of the Secretary to the Department and Safe Transport Victoria (ST Vic) (`we, us') collect personal information for registration and licensing purposes. This personal information will be handled by us as permitted or required by the applicable laws. This personal or health information may be disclosed to third parties, including our contractors and agents, or other bodies advising us on the medical fitness of drivers, occupational therapists, law enforcement agencies, other road and traffic authorities including Safe Transport Victoria and the Transport Accident Commission, courts and other agencies/persons authorised to obtain it under applicable laws. You are required by the *Road Safety Act 1986, Marine Safety Act 2010* and their associated regulations to give this information.

Your failure to provide this information may result in your application not being processed, or your driver licence, learner permit, or marine licence records not being properly maintained, or your authority to drive on your interstate driver licence, learner permit, marine licence or overseas driver licence removed. For further information about our use of your personal and health information, and your rights to access it, go to: **dtp.vic.gov.au/privacy** or ST Vic's Privacy Policy at **safetransport.vic.gov.au/privacy-policy**.

For other agencies or persons authorised to obtain your personal and/or health information, you should contact the agency directly for further information about their use and your rights of access to it.

I agree to the practitioner named on this form completing the report and forwarding it to the Department or VicRoads and agree to the use and disclosure of personal and health information contained in the form in accordance with the above statement. I agree to pay all the expenses connected with this report.

Further information

Please visit **transport.vic.gov.au/medical-review** or contact Medical Review.

Email medicalreview@transport.vic.gov.au

Fax (03) 9854 2307

Call (03) 8391 3226

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