



Dangerous goods and explosives licences medical certificate

Important notes for the **APPLICANT**

1. When making an appointment with your medical practitioner, please inform them the medical assessment is for a dangerous goods licence.
2. Take this medical certificate to your appointment for completion by your medical practitioner.
3. Lodge **only** this completed medical certificate with your application. This does not apply if you have a specialist report in support of your medical certificate which is also required to be lodged with your application.

Important notes for the **MEDICAL PRACTITIONER**

1. This person is seeking a dangerous goods, or explosives licence to be issued for **five years**. The assessment must be made against the standards in Assessing Fitness to Drive – Medical Standards for Commercial and Private Vehicle Drivers 2022.
2. You should recommend conditions consistent with any currently endorsed on any other licence held by the person as a result of assessment against the standards in Assessing Fitness to Drive. This includes dangerous goods and explosives licences and the person's motor driver's licence.

Medical certificate's not completed correctly will be returned. This may delay the processing of your applicaiton.

Full name – Name must be entered in full and the same as on person's motor driver's licence.

Date of birth / / Are you familiar with this person's medical history? Yes No

Medical assessment - Please only tick **ONE** of the three boxes shown below.

Please note: If a condition is to be applied to the licence, complete ONLY box 2

1. **Fit to drive without conditions** – any condition(s) recorded as a result of previous medical assessments against the standards in Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2022 no longer apply.
2. **Fit to drive with conditions** - please recommend condition(s) to be applied to the licence and a recommended medical review, if required.
- Must wear visual aids
 - Must take medication as prescribed by medical practitioner
 - Must wear hearing aids
 - Other (please specify)
 - Recommended medical review is required within the **five year** period of the licence.
- 6 monthly Annual 2 yearly Other (please specify)
3. **Not fit to drive** - does not meet the medical criteria (please provide reason)
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Medical practitioner's certification

I certify that I have examined the above mentioned person in accordance with the relevant national medical standards as set out in the publication Assessing Fitness to Drive – Medical Standards for Commercial and Private Vehicle Drivers 2022.

Name of medical practitioner	Medical practitioner's stamp
Practice address	
Practice email address	
Phone	
Medical practitioner's signature	
Date of assessment	

Level 1, 303 Sevenoaks Street (Entrance off Grose Avenue) Cannington Western Australia 6107
Postal address: Locked Bag 100 East Perth WA 6892
Telephone +61 8 6251 2300