



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 2016.
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.

Person's details - Person's name must be the same name as on person's motor driver's licence

Surname	First name	Middle name(s)
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Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Are you familiar with this person's medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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**

<input type="checkbox"/>	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 2016 no longer apply.
<input type="checkbox"/>	2.	Fit to drive with conditions - please recommend condition(s) to be applied to the licence and a recommended medical review, if required. <input type="checkbox"/> Must wear visual aids <input type="checkbox"/> Must take medication as prescribed by medical practitioner <input type="checkbox"/> Must wear hearing aids <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Recommended medical review is required within the five year period of the licence. <input type="checkbox"/> 6 monthly <input type="checkbox"/> Annual <input type="checkbox"/> 2 yearly <input type="checkbox"/> Other (please specify)
<input type="checkbox"/>	3.	Not fit to drive - does not meet the medical criteria (please provide reason).....

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 2016.	
Name of medical practitioner	Medical practitioner's stamp
Practice address	
Practice email address	
Phone	
Medical practitioner's signature	
Date of assessment	