

Search

Home **Menu** ▾

Home > [Transport](#) > [Licensing](#) > Healthy to drive

# Healthy to drive



[Health and driving safely](#)



[Can I drive with my health condition?](#)



[Age and driving](#)



[Reporting your medical condition](#)



[For health professionals](#)

# Medical Certificate for Motor Vehicle Driver

Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 2023  
Transport Operation (Road Use Management) Act 1995

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion about whether you meet the medical and/or visual standards for a driver licence for the class/es of licence you currently hold, or the class of driver licence you are applying for.

Part 1 of this form should be completed by you before giving the form to your treating doctor.

Part 2 should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required).

Part 3 should be completed by your treating optometrist/ophthalmologist if your vision or eye disorder is not rectified by wearing glasses or contact lenses.

**Important:** Parts 1 and 2 of this form **must** be completed in full or it will not be accepted by TMR.

## Part 1 - Personal Details (to be completed by the driver)

### 1. Personal details

Family name

Given name/s

Date of birth (dd/mm/yyyy)

 /  / 

Contact number

 (  )

Residential address

Postcode

Postal address (if same as residential address, write 'as above')

Postcode

Email address

Licence number (if known)

State/Territory/Country of issue

### 2. What class/es of licence are you applying for or currently hold?

Motorbike (RE or R)  Heavy Rigid (HR)

Car (C)  Heavy Combination (HC)

Light Rigid (LR)  Multi-Combination (MC)

Medium Rigid (MR)  Specially Constructed Vehicle (UD)

### 3. Do you drive, or intend to drive—

• a vehicle with a GVM of more than 8t (class MR, HR, HC, MC, UD)?

No  Yes  see note\*

• a public passenger vehicle (e.g. a bus or a personalised transport vehicle)?

No  Yes  see note\*

• a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs?

No  Yes  see note\*

• an authorised tow truck of any class

No  Yes  see note\*

\*Note: To assist your treating doctor with your medical assessment, please complete page 1 of the *Private and Commercial Vehicle Driver's Health Assessment (form F3195)* prior to attending your appointment. You will be assessed against the commercial standard in the AFTD.

### 4. Do you need to wear glasses or contact lenses for driving?

No  Yes

### 5. Has your most recent driver licence been cancelled, or downgraded on medical grounds, or have you been given a notice proposing the cancellation, or downgrade of your driver licence on medical grounds by any driver licensing authority, or police officer?

No  Yes

### 6. Do you agree to the amendment of your Queensland driver licence for the purpose of adding/removing a condition or class?

Yes  No  If your driver licence requires amendment you will need to complete a separate *Driver Licence Amendment (form F4358)*, which may delay the reissue of your driver licence.

### 7. Driver's declaration:

I declare that the information I have provided on this form and to my treating doctor is true and complete.

I understand that the TMR may contact my treating doctor for further information about my medical fitness to drive, or to clarify the information that has been provided in this form. I authorise TMR to contact my relevant health professional as it relates to my suitability to apply for, or hold a drivers licence. I further understand that action may be taken to amend, suspend, or cancel my driver licence or authority to drive in Queensland if it is proven the driver licence was obtained on the basis of information that I knew was false or misleading, and that I may be prosecuted as a result.

Driver's signature

Date

 /  / 

This 'tear-off' medical certificate must be carried when driving.

Licence number (if known)

TRB Forms Area V01 Aug 2024

(To be completed by the treating doctor if the driver is 75 years or older or question 5B of Part 2 has been completed)

Name of driver (please print)

Queensland Government Medical Certificate for Motor Vehicle Driver

Review/expiry date

Medical Certificate issue date

Licence class/es (provide details from question 6)

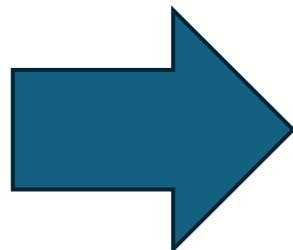
Licence Conditions/Restrictions (provide details from question 6B)

Doctor's details

Signature

Name (please print)

Address and contact telephone number (office stamp)



### Option B: Fit to drive with restrictions or conditions added

You must mark at least one of the following boxes to indicate the reason why the person is fit to drive with restrictions or conditions. **You must also complete the medical certificate across the page.**

Person has a permanent or long-term medical condition, which is not likely to adversely affect their ability to drive safely and requires further medical review. **(M condition will be added)**

Vehicle must be fitted with an automatic transmission. **(A condition will be added)**

Vehicle must be fitted with a synchromesh gearbox. **(B condition will be added)**

Person must not drive at night. **(M condition will be added)**

Person must not drive on a motorway or highway. **(M condition will be added)**

Person must drive within:  kilometres from home **(M condition will be added)**

Person must wear corrective lenses. **(S condition will be added)**

The following vehicle modification/s must be made to suit the person's physical disability. **(V condition will be added)**

Only for the purpose of an occupational therapy driving assessment or lesson. **(M condition will be added)**

Other licence restriction that allows the person to hold a conditional licence. **(M condition will be added)**

### What is the medical certificate expiry date?

Please refer to AFTD for appropriate review periods.

 /  / 

## Medical Certificate for Driver Licence

You must always carry either this tear-off medical certificate or a clear digital copy (such as a photo) when you drive. It is to be completed by the treating doctor if the driver is 75 years or older or if Option B was completed.

Name of driver

Driver Licence number

Licence class/es

Licence Conditions/Restrictions

Medical Certificate issue date

 /  / 

Review/Expiry Date

 /  / 

### Health Professional's details

Name

Signature

Address and phone number (or office stamp)

## Assessing fitness to drive 2022

### Health Assessment for Commercial Vehicle Driver

#### DRIVER HEALTH QUESTIONNAIRE (to be completed by driver)

##### Health assessment history:

Please note the date of your last fitness to drive assessment Date:  Not applicable or not known assessment

##### Driver information:

|                        |                 |
|------------------------|-----------------|
| Surname:               | Given name(s):  |
| Address:               |                 |
| Date of birth:         | Phone:          |
| Driver licence number: | State of issue: |

##### Employer information:

|               |        |
|---------------|--------|
| Employer:     |        |
| Address:      |        |
| Contact name: | Phone: |
| Contact email |        |

##### Instructions to driver:

Please answer the questions by ticking the appropriate box and providing details as requested. If you are not sure what a question means, leave the answer blank and the health professional will help you. The health professional will ask you additional questions during the assessment.

Please bring with you to the assessment:

- A list of current prescription, non-prescription and complementary medicines
- Glasses/contact lenses and hearing aids if you use them
- Disease management plans (e.g. sleep disorder management plan, diabetes management plan)

On completion of the questionnaire, you will be asked to sign a declaration to confirm the accuracy of your responses. You will also be asked to provide your consent if the health professional requests to make contact with your treating health professional(s) to help clarify your medical management as required to determine fitness to drive.

##### Management of your health information:

**Please read carefully and sign the declaration on the last page to indicate you understand how health information is reported, stored and accessed.**

Your health information may only be collected and disclosed for the purpose of managing your fitness to drive a commercial vehicle. This means that details of your health assessment will remain confidential and will only be reported to the requesting organisation in terms of your fitness to drive.

The examining health professional retains all detailed health documentation including your questionnaire responses and the completed record of clinical findings. The examining health professional will provide you with the report form to return to the requesting organisation indicating your fitness for duty classification. If you are assessed as unfit to drive, the examining doctor will advise you and contact the requesting organisation straight away.

Other than the above, your personal information will not be disclosed to any other person or organisation without your written permission, except when required by law.

You have the right to access your health records including those held by the examining health professional and the reports held by the requesting organisation.

## Assessing fitness to drive 2022

### Health Assessment for Commercial Vehicle Driver

#### CLINICAL ASSESSMENT RECORD

##### Driver information:

|                        |                 |
|------------------------|-----------------|
| Surname:               | Given name(s):  |
| Address:               |                 |
| Date of birth:         | Phone:          |
| Driver licence number: | State of issue: |

##### Employer information:

|               |        |
|---------------|--------|
| Employer:     |        |
| Address:      |        |
| Contact name: | Phone: |
| Contact email |        |

##### Nature of driving duties (type of vehicle, hours and distances of driving, purpose of driving):

|  |
|--|
|  |
|--|

##### CLINICAL ASSESSMENT:

**The patient has been assessed to the following AFTD standard:**

Commercial vehicle driver

##### Health assessment history

Date of driver's last fitness to drive assessment Date:  Not applicable or not known

##### Health professional comments:

|  |
|--|
|  |
|--|

##### 1. Vision

1.1 Visual acuity (refer AFTD, page 201, 210)

Are glasses or contact lenses worn?  Yes  No

|                    | R   | L   | Both |
|--------------------|-----|-----|------|
| Without Correction | 6 / | 6 / | 6 /  |
| With Correction    | 6 / | 6 / | 6 /  |

Meets criteria  Without correction  With correction

Does not meet criteria

1.2 Visual Fields  Normal  Abnormal (refer AFTD, page 203-204, 209)

##### Health professional comments:

|  |
|--|
|  |
|--|

## Assessing fitness to drive 2022

### Health Assessment for Commercial Vehicle Driver

#### FITNESS TO DRIVE REPORT

*This form supports the reporting of fitness for duty for commercial vehicle drivers. This includes health assessments conducted under heavy vehicle accreditation schemes such as TruckSafe, the National Heavy Vehicle Accreditation Scheme and the WA Heavy Vehicle Accreditation scheme. In Western Australia, this form should also be used for the assessments that are required under WHS legislation (Regulation 184D). This form should not be used for licensing assessments – forms for this purpose will be provided by the licensing authority.*

##### Driver information:

|                        |                 |
|------------------------|-----------------|
| Surname:               | Given name(s):  |
| Address:               |                 |
| Date of birth:         | Phone:          |
| Driver licence number: | State of issue: |

##### Employer information:

|           |                |
|-----------|----------------|
| Employer: | Contact name:  |
| Address:  |                |
| Phone:    | Contact email: |

##### Nature of driving duties (type of vehicle, hours and distances of driving, purpose of driving):

|  |
|--|
|  |
|--|

##### Assessment outcome:

|  |     |    |
|--|-----|----|
| I was familiar with the driver's medical history before conducting this assessment | Yes | No |
| I have sighted the driver's licence  | Yes | No |

This report is (select one):

An interim report pending further investigation  A final report of the driver's fitness to drive status

I have examined the driver in accordance with Assessing Fitness to Drive 2022 standards for commercial vehicle drivers, and in my opinion: (tick ONE box and indicate recommended management overleaf):

- UNCONDITIONALLY meets** the medical criteria for fitness to drive  
 The driver meets all relevant medical criteria. No restrictions or conditions.  
 They should be reviewed in line with the prescribed schedule – see overleaf.
- CONDITIONALLY meets** the medical criteria for fitness to drive  
 The driver has a medical condition that may impact on fitness to drive, but it is well controlled and meets the conditional criteria in *Assessing Fitness to Drive 2022*.  
 Periodic review may be required – see recommended review date overleaf.
- TEMPORARILY does not meet** the medical criteria for fitness to drive  
 The driver does not meet relevant medical criteria (Unconditional or Conditional) and should not undertake normal driving duties. They may perform alternative (non-driving) tasks. They may return to driving following an improvement in condition, response to treatment or confirmed diagnosis of undifferentiated illness.
- PERMANENTLY does not meet** the medical criteria for fitness to drive  
 The driver does not meet relevant medical criteria and cannot perform normal driving duties in the foreseeable future.

Aids required for fitness to drive (tick if applicable):

Corrective lenses

Hearing aid

Other aids/devices (specify):

Management and review – see overleaf

Estimated time off duty: days/weeks/months

Management and review – see overleaf

## Can I drive with my medical condition? Guide

### Getting a medical assessment

#### Visit your doctor

If you have a health concern that is likely to make your driving less safe, you need to talk to your doctor. Your doctor will help you understand the impact of any illness, disability or medical condition on your driving. Also talk to your doctor if you have a medical condition that's getting worse.

If your doctor decides that your condition could make your driving less safe, you'll need to have a medical assessment to see if you meet the national Assessing Fitness to Drive standards.

#### Prepare for your doctor's appointment

1. Make an appointment to see your doctor. Let them know that you would like your fitness to drive assessed as they may need to allow more time than a standard visit.
2. Complete part 1 of the Medical Certificate for Drivers (F3712) [<https://www.support.transport.qld.gov.au/qr/formsdat.nsf/Forms/QF3712>] form before your appointment to give to your doctor.
3. If possible, complete part 1 of the Private and Commercial Vehicle Driver's Health Assessment (F3195) [<https://www.support.transport.qld.gov.au/qr/formsdat.nsf/qrforms/qf3195>] form as this will help your doctor.
4. Make sure you have your driver licence with you.
5. Take your glasses or contact lenses with you, if you need to wear them when driving.

#### What to ask your doctor

At your appointment, ask your doctor to assess your medical fitness to drive.

You must let your doctor know if you also:

- drive or intend to drive a heavy vehicle
- are authorised, or applying, to drive a public passenger vehicle, such as a bus, taxi, rideshare or limousine.

#### Specialist assessment

Sometimes your doctor may decide that a medical specialist qualified in managing your medical condition will also need to assess you. Your doctor will need this specialist's report before completing your Medicate Certificate for Driver form.

For example, you may need to do a practical driving assessment with an occupational therapist who is qualified to do this.

Ask your doctor, if you're eligible for an interim medical certificate [<https://www.qld.gov.au/transport/licensing/healthy-to-drive/can-i-drive/medical-certificate-for-drivers#interimPublic>] if there's a delay before you can get a specialist appointment.

## Assessing fitness to drive Guide

As a doctor in Queensland, you play a key role in determining fitness to drive for your patients using the national Assessing Fitness to Drive (<https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive>) medical standards. This includes recommending when we need to apply conditions or restrictions on someone's driver licence.

Read more about your role (<https://www.qld.gov.au/transport/licensing/healthy-to-drive/for-health-professionals/your-role>).

### Medical certificate for drivers

In Queensland, drivers have a legal responsibility (<https://www.qld.gov.au/transport/licensing/healthy-to-drive/health-and-driving-safely/your-responsibility#legal>) to be medically fit to drive. For us to decide if someone can continue to drive, we encourage them to seek your advice and ask you to complete a Medical Certificate for Driver (F3712) (<https://www.support.transport.qld.gov.au/qr/formsdat.nsf/Forms/QF3712>) form.

You can follow this guide to help you do this.

### Choose either the private or commercial standard

The Assessing Fitness to Drive [<https://austroads.gov.au/drivers-and-vehicles/assessing-fitness-to-drive>] standards set out the medical criteria for safe driving and what you need to consider. The standards are grouped into:

- private vehicle driver standards [<https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive/for-private-vehicle-drivers>]
- commercial vehicle driver standards [<https://austroads.gov.au/drivers-and-vehicles/assessing-fitness-to-drive/for-commercial-drivers>].

The standard that you need to use depends on the type of vehicle, type of licence, and the purpose for which the patient is planning to drive.

Read the following to help decide which standard to use to assess a patient.

#### Private vehicle driver standard

You should apply the private standards to drivers who hold or are applying for a:

- C (Car type) licence
- CA (Automatic Car) licence
- RE (Motorcycle or Moped) licence
- R (Motorcycle) licence
- LR (Light Rigid) licence.

However, if your patient also holds or is applying for any of the licences or authorities listed in the following commercial vehicle standards section then you must assess the patient using the commercial standard.

## Driving and health Your questions answered



For most people, being able to drive a motor vehicle is a very important part of their daily life - for maintaining social contact, for getting to and from work, and for accessing their everyday needs such as food and services. Driving can also be essential to employment.

But with the benefits of being able to drive also come certain responsibilities and one of these responsibilities is to make sure you are well enough to drive safely.

Some health conditions can affect your ability to drive safely, either in the short term or more permanently. This brochure explains:

- the types of illnesses and disabilities that might affect your ability to drive safely
- your responsibilities
- how your healthcare providers can help you
- where you can go for further information and assistance.

### What type of health conditions or disabilities might affect your ability to drive safely?

Driving a motor vehicle is a complex task requiring perception, good judgement, responsiveness and reasonable physical capability. A range of medical conditions and disabilities, as well as treatments, may therefore impair your driving ability. Common examples include:

- Blackouts or fainting
- Dementia and cognitive impairment
- Seizures and epilepsy
- Other neurological or neurodevelopmental conditions
- Diabetes
- Musculoskeletal disorders or injuries
- Psychiatric conditions
- Heart disease and other cardiovascular conditions
- Sleep disorders
- Vision problems
- Alcohol and substance misuse

Just because you have a condition that might affect your driving doesn't mean that you won't be able to drive or that you will lose your licence. It might mean that you have to see your doctor or other healthcare professional more often to check that your condition is well managed and it might mean that there are some restrictions placed on your driving. This will result in the issuing of a conditional licence as described overleaf.



[Home](#) → [Drivers & Vehicles](#) → [Assessing Fitness to Drive](#)

# Assessing Fitness to Drive

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 [Word version](#)

## New Education Module for General Practitioners

This online module provides clear, practical guidance on applying the Standards in everyday clinical practice.

[Find out more and complete free of charge before end of May 2026.](#) →



**Part 2 - Medical Assessment** (to be completed by the treating doctor)

**Important Information**

- Your medical assessment must be conducted in accordance with the medical standards in Australia's Licensing Drivers to Drive for Private and Commercial Motor Vehicle Drivers (AFTD) publications, which is available at [www.asroads.com.au](http://www.asroads.com.au).
- You must assess the person against the commercial standards if they are:
  - applying for or currently hold a class MR, HR, HC, MC or UD licence
  - driving, or intending to drive a public passenger vehicle (e.g. a bus or a personalised transport service), or a vehicle to transport dangerous goods in a receptacle with a capacity of more than 500L or 500kg.
- If the AFTD is assessed by a specialist, you must refer the person to the relevant specialist.
- If you are uncertain about the person's medical condition or their ability to drive safely, you can refer the person to a specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- Do not complete Part 2 Medical Assessment until you have received all of the necessary reports from the person's specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- All driver licensing decisions are the responsibility of the road user. It is considered as part of the decision making process that the person's medical fitness to drive is considered as part of the decision making process.
- For more information on medical conditions and driving please visit [www.qld.gov.au/transport/licensing/healthy-to-drive](http://www.qld.gov.au/transport/licensing/healthy-to-drive) or call 13 23 89.

**1. Were you familiar with this person's medical history prior to this assessment?**  
 No  Yes  How long has this person been treated at this medical practice? \_\_\_\_\_ weeks/months/years

See Question 5 on Part 1 of this form. If you are not familiar with the person's medical history, or you haven't been involved in any previous assessment of the person's medical fitness to drive, this assessment should generally be more thorough than a normal consultation. Particularly where the person has had other licence suspensions, cancelled, or restricted.

**2. What is your assessment of the person's visual acuity?**  
 Does not complete if Part 3 has been completed by an optometrist or ophthalmologist.

**2.1 Visual fields** (confrontation to each eye)  
 Normal  Abnormal

**3. Does this person need to wear glasses or contact lenses for driving?**  
 Does not complete if Part 2 has been completed by an optometrist or ophthalmologist.  
 No  Yes  Code S will be shown on the licence.

**4. Does this person have any other vision or eye disorders?**  
 Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses.  
 No  Yes  Code M may be shown on the licence.

**5. Please choose one recommendation (A, B or C) regarding the person's medical fitness to drive.**

**A. Meets the medical criteria for an unconditional licence.** Please mark one of the following boxes to indicate the reason why

- person does not have a permanent or long-term medical condition
- person has a permanent or long-term medical condition and the AFTD provides the person is fit to hold an unconditional licence
- person's medical condition has improved. The person no longer needs a conditional licence and requires no further medical review (if condition will be removed)
- person has a non-progressive medical condition which does not require a further medical review and they do not need to drive a modified vehicle, or a vehicle that has an automatic transmission
- person is 75 years or older and has no permanent or long-term medical condition?

What is the medical certificate expiry date?  
 / / (maximum period is 13 months from date of issue)

**B. Meets the medical criteria for a conditional licence.** Please mark one or more of the following boxes to indicate the condition

- person has a permanent or long-term medical condition, which is not likely to adversely affect their ability to drive safely and requires a further medical review (M condition will be added)
- What is the medical certificate expiry date?  
 / /
- the expiry date must not be longer than the review period stated in the AFTD, or if the person is 75 years or older the maximum period is 13 months from date of issue
- vehicle must be fitted with an automatic transmission (A condition will be added)
- vehicle must be fitted with a synchromesh gearbox (B condition will be added)
- vehicle must be modified to suit the person's physical disability (V condition will be added)
- Please specify the type of vehicle modification/s  
 \_\_\_\_\_
- other conditions and/or restrictions (M condition will be added)
- Please specify the type of condition/s and/or restriction/s  
 \_\_\_\_\_

(Refer to AFTD - Conditional licences for more information.)  
 What is the medical certificate expiry date?  
 / /

**C. Does not meet the medical criteria for a driver licence.**

**You must complete the text of Medical Certificate for Motor Vehicle Driver located at the bottom of page 2.**

**6. What medical standard did you refer to in the AFTD for this medical assessment?**

Private  A class C (car), PE or R (motorcycle), LR (light rigid), driver licence, unless the person is authorised, or applying for authorisation to carry public passengers (for hire or reward) or dangerous goods (refer to commercial standard).

Commercial  A class MF (medium rigid), HR (heavy rigid), HC (heavy combination), MC (multi-combinator) driver licence, a person who is authorised to apply for authorisation to carry public passengers (for hire or reward) or dangerous goods, or drive an authorised tow truck of any class.

**In your opinion, the person meets the above medical standard to hold what class(es) of licence?**

Doctor's details (please print)  
 Name \_\_\_\_\_ Contact number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Address (office stamp) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Page 3 of 4 TRB Forms Area F312 V01 Aug 2024

**Queensland Government**

**Medical Certificate for Motor Vehicle Driver**  
 Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 2023  
 Transport Operation (Road Use Management) Act 1995

**Part 2 - Medical Assessment** (to be completed by the treating doctor)

**Important Information**

- Your medical assessment must be conducted in accordance with the medical standards in Australia's Licensing Drivers to Drive for Private and Commercial Motor Vehicle Drivers (AFTD) publications, which is available at [www.asroads.com.au](http://www.asroads.com.au).
- You must assess the person against the commercial standards if they are:
  - applying for or currently hold a class MR, HR, HC, MC or UD licence
  - driving, or intending to drive a public passenger vehicle (e.g. a bus or a personalised transport service), or a vehicle to transport dangerous goods in a receptacle with a capacity of more than 500L or 500kg.
- If the AFTD is assessed by a specialist, you must refer the person to the relevant specialist.
- If you are uncertain about the person's medical condition or their ability to drive safely, you can refer the person to a specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- Do not complete Part 2 Medical Assessment until you have received all of the necessary reports from the person's specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- All driver licensing decisions are the responsibility of the road user. It is considered as part of the decision making process that the person's medical fitness to drive is considered as part of the decision making process.
- For more information on medical conditions and driving please visit [www.qld.gov.au/transport/licensing/healthy-to-drive](http://www.qld.gov.au/transport/licensing/healthy-to-drive) or call 13 23 89.

**1. Were you familiar with this person's medical history prior to this assessment?**  
 No  Yes  How long has this person been treated at this medical practice? \_\_\_\_\_ weeks/months/years

See Question 5 on Part 1 of this form. If you are not familiar with the person's medical history, or you haven't been involved in any previous assessment of the person's medical fitness to drive, this assessment should generally be more thorough than a normal consultation. Particularly where the person has had other licence suspensions, cancelled, or restricted.

**2. What is your assessment of the person's visual acuity?**  
 Does not complete if Part 3 has been completed by an optometrist or ophthalmologist.

**2.1 Visual fields** (confrontation to each eye)  
 Normal  Abnormal

**3. Does this person need to wear glasses or contact lenses for driving?**  
 Does not complete if Part 2 has been completed by an optometrist or ophthalmologist.  
 No  Yes  Code S will be shown on the licence.

**4. Does this person have any other vision or eye disorders?**  
 Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses.  
 No  Yes  Code M may be shown on the licence.

**5. Please choose one recommendation (A, B or C) regarding the person's medical fitness to drive.**

**A. Meets the medical criteria for an unconditional licence.** Please mark one of the following boxes to indicate the reason why

- person does not have a permanent or long-term medical condition
- person has a permanent or long-term medical condition and the AFTD provides the person is fit to hold an unconditional licence
- person's medical condition has improved. The person no longer needs a conditional licence and requires no further medical review (if condition will be removed)
- person has a non-progressive medical condition which does not require a further medical review and they do not need to drive a modified vehicle, or a vehicle that has an automatic transmission
- person is 75 years or older and has no permanent or long-term medical condition?

What is the medical certificate expiry date?  
 / / (maximum period is 13 months from date of issue)

**B. Meets the medical criteria for a conditional licence.** Please mark one or more of the following boxes to indicate the condition

- person has a permanent or long-term medical condition, which is not likely to adversely affect their ability to drive safely and requires a further medical review (M condition will be added)
- What is the medical certificate expiry date?  
 / /
- the expiry date must not be longer than the review period stated in the AFTD, or if the person is 75 years or older the maximum period is 13 months from date of issue
- vehicle must be fitted with an automatic transmission (A condition will be added)
- vehicle must be fitted with a synchromesh gearbox (B condition will be added)
- vehicle must be modified to suit the person's physical disability (V condition will be added)
- Please specify the type of vehicle modification/s  
 \_\_\_\_\_
- other conditions and/or restrictions (M condition will be added)
- Please specify the type of condition/s and/or restriction/s  
 \_\_\_\_\_

(Refer to AFTD - Conditional licences for more information.)  
 What is the medical certificate expiry date?  
 / /

**C. Does not meet the medical criteria for a driver licence.**

**You must complete the text of Medical Certificate for Motor Vehicle Driver located at the bottom of page 2.**

**6. What medical standard did you refer to in the AFTD for this medical assessment?**

Private  A class C (car), PE or R (motorcycle), LR (light rigid), driver licence, unless the person is authorised, or applying for authorisation to carry public passengers (for hire or reward) or dangerous goods (refer to commercial standard).

Commercial  A class MF (medium rigid), HR (heavy rigid), HC (heavy combination), MC (multi-combinator) driver licence, a person who is authorised to apply for authorisation to carry public passengers (for hire or reward) or dangerous goods, or drive an authorised tow truck of any class.

**In your opinion, the person meets the above medical standard to hold what class(es) of licence?**

Doctor's details (please print)  
 Name \_\_\_\_\_ Contact number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Address (office stamp) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Page 3 of 4 TRB Forms Area F312 V01 Aug 2024

**Part 3 - Eyesight Assessment** (to be completed by the treating optometrist or ophthalmologist, if required)

The person has a qualified medical condition with the exception of a red mark on the cornea, blood in the eye, or a person with a permanent or long-term medical condition which is not likely to adversely affect their ability to drive safely and requires a further medical review (M condition will be added). The person is authorised, or applying for authorisation to carry public passengers (for hire or reward) or dangerous goods, or drive an authorised tow truck of any class.

**1. What medical condition did you refer to in the AFTD to assess this person's eyesight?**

Private (question 6) \_\_\_\_\_ Commercial (question 6) \_\_\_\_\_

**2. In your opinion, the person meets this requirement:**

**A. Meets the visual criteria for an unconditional licence.** Recommended conditions/restrictions

**B. Meets the visual criteria for a conditional licence and requires further medical review.** Recommended conditions/restrictions

**C. Meets the visual criteria for a conditional licence and requires further medical review.** Recommended conditions/restrictions

**D. Does not meet the visual criteria as set out in the AFTD.**

**3. What is your assessment of the person's visual acuity?**  
 R: \_\_\_\_\_ L: \_\_\_\_\_

**4. Does this person need to wear glasses or contact lenses for driving?**  
 No  Yes  Code S will be shown on the licence.

**5. Visual field:**  
 Visual field tested by confrontation  or automated perimetry

Optometrist/Ophthalmologist's details (please print)  
 Name \_\_\_\_\_ Contact number \_\_\_\_\_  
 Address (office stamp) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Page 4 of 4 TRB Forms Area F312 V01 Aug 2024

**Queensland Government**

**Medical Certificate for Motor Vehicle Driver**  
 Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 2023  
 Transport Operation (Road Use Management) Act 1995

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion about whether you meet the medical and/or visual standards for a driver licence for the class of licence you currently hold, or the class of driver licence you are applying for.

**Part 1** of this form should be completed by you before giving the form to your treating doctor.  
**Part 2** should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required).  
**Part 3** should be completed by your treating optometrist/ophthalmologist if your vision or eye disorder is not rectified by wearing glasses or contact lenses.

**Important:** Parts 1 and 2 of this form **must** be completed in full or it will not be accepted by TMR.

**Part 1 - Personal Details** (to be completed by the driver)

**1. Personal details**

Family name \_\_\_\_\_  
 Given name/s \_\_\_\_\_  
 Date of birth (dd/mm/yyyy) \_\_\_\_\_ Contact number \_\_\_\_\_  
 Residential address \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Postal address (if same as residential address, write 'as above') \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Licence number (if known) \_\_\_\_\_ State/Territory/Country of issue \_\_\_\_\_

**2. What class/es of licence are you applying for or currently hold?**

Motorbike (RE or R)  Heavy Rigid (HR)   
 Car (C)  Heavy Combination (HC)   
 Light Rigid (LR)  Multi-Combination (MC)   
 Medium Rigid (MR)  Specially Constructed Vehicle (UD)

**3. Do you drive, or intend to drive—**

- a vehicle with a GVM of more than 8t (class MR, HR, HC, MC, UD)?  
 No  Yes  see note\*
- a public passenger vehicle (e.g. a bus or a personalised transport vehicle)?  
 No  Yes  see note\*
- a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs?  
 No  Yes  see note\*
- an authorised tow truck of any class  
 No  Yes  see note\*

\*Note: To assist your treating doctor with your medical assessment, please complete page 1 of the Private and Commercial Vehicle Driver's Health Assessment (form F3155) prior to attending your appointment. You will be assessed against the commercial standard in the AFTD.

**4. Do you need to wear glasses or contact lenses for driving?**  
 No  Yes

**5. Has your most recent driver licence been cancelled, or downgraded on medical grounds, or have you been given a notice proposing the cancellation, or downgrade of your driver licence on medical grounds by any driver licensing authority, or police officer?**  
 No  Yes

**6. Do you agree to the amendment of your Queensland driver licence for the purpose of adding/removing a condition or class?**  
 Yes  No  If your driver licence requires amendment you will need to complete a separate Driver Licence Amendment (form F4355), which may delay the reissue of your driver licence.

**7. Driver's declaration:**  
 I declare that the information I have provided on this form and to my treating doctor is true and complete.  
 I understand that the TMR may contact my treating doctor for further information about my medical fitness to drive, or to clarify the information that has been provided in this form. I authorise TMR to contact my relevant health professional as it relates to my suitability to apply for, or hold a drivers licence. I further understand that action may be taken to amend, suspend, or cancel my driver licence or authority to drive in Queensland if it is proven the driver licence was obtained on the basis of information that I knew was false or misleading, and that I may be prosecuted as a result.

Driver's signature \_\_\_\_\_ Date \_\_\_\_\_

Page 2 of 4 TRB Forms Area F312 V01 Aug 2024

**Queensland Government Medical Certificate for Motor Vehicle Driver**

(To be completed by the treating doctor (the driver is 75 years or older or question 5B of Part 2 has been completed))

Name of driver (please print) \_\_\_\_\_  
 Licence number (if known) \_\_\_\_\_  
 Medical Certificate (provide details from question 6) \_\_\_\_\_  
 Licence classes (provide details from question 6) \_\_\_\_\_  
 Licence Conditions/Restrictions (provide details from question 5B) \_\_\_\_\_  
 Doctor's details (provide details from question 5B) \_\_\_\_\_  
 Name (please print) \_\_\_\_\_  
 Address and contact telephone number (office stamp) \_\_\_\_\_

This 'hard-off' medical certificate must be carried when driving.

Page 4 of 4 TRB Forms Area F312 V01 Aug 2024

# Medical Certificate for Driver Licence

Transport Operations (Passenger Transport) Act 1994  
Transport Operation (Road Use Management) Act 1995  
Tow Truck Act 2023



This form is required to notify the Department of Transport and Main Roads (TMR) of your medical fitness to drive.

### What you need to do

1. Complete applicant details (Part 1).
2. Book a longer appointment with your doctor to complete a medical assessment in the medical details part of this form (Part 2).

If required, your doctor may refer you to a specialist such as an optometrist for advice before completing the medical details section.

### 3. Submit your form:

- Online at [www.service.transport.qld.gov.au/notifmymedicalcondition](http://www.service.transport.qld.gov.au/notifmymedicalcondition)
- By email to [mcr@tmr.qld.gov.au](mailto:mcr@tmr.qld.gov.au)
- In person at a Customer Service Centre, or
- Mail to: Department of Transport and Main Roads Locked Bag 2000 Red Hill ROCKHAMPTON QLD 4701

You must carry your medical certificate when driving and follow the conditions or restrictions specified.

### When to use this form

Please complete this form:

- If you have a permanent or long-term medical condition (includes a mental or physical incapacity) that is likely to adversely affect your ability to drive safely.
- If there is a change to an existing medical condition that is likely to adversely affect your ability to drive safely.
- If you are 75 years or older. Please note, you need to visit your doctor yearly to have your fitness to drive assessed and you must carry the medical certificate when driving. If you do not have a medical condition, you only need to submit this form when renewing your licence.
- If you have been notified by TMR, or it's service delivery agent, to provide a medical certificate to drive. You will need to provide a copy of the notice to your doctor.
- If TMR requires you to provide a medical certificate for your class of vehicle or vehicle use (for example, public passenger services).

### If you need help

If you need help to complete this application, you can:

Visit us in person: [www.qld.gov.au/TMRcentres](http://www.qld.gov.au/TMRcentres)

Phone 13 23 80

### For more information

For more information on medical conditions and driving, visit [www.tmr.qld.gov.au/MedicalConditions](http://www.tmr.qld.gov.au/MedicalConditions) or scan the QR code below.



## Option B: Fit to drive with restrictions or conditions added

You must mark at least one of the following boxes to indicate the reason why the person is fit to drive with restrictions or conditions. You must also complete the medical certificate across the page.

- Person has a permanent or long-term medical condition, which is not likely to adversely affect their ability to drive safely and requires further medical review. **(M condition will be added)**
- Vehicle must be fitted with an automatic transmission. **(A condition will be added)**
- Vehicle must be fitted with a synchromesh gearbox. **(B condition will be added)**
- Person must not drive at night. **(M condition will be added)**
- Person must not drive on a motorway or highway. **(M condition will be added)**
- Person must drive within:  kilometres from home **(M condition will be added)**
- Person must wear corrective lenses. **(S condition will be added)**
- The following vehicle modification/s must be made to suit the person's physical disability. **(V condition will be added)**

- Only for the purpose of an occupational therapy driving assessment or lesson. **(M condition will be added)**
- Other licence restriction that allows the person to hold a conditional licence. **(M condition will be added)**

What is the medical certificate expiry date? Please refer to AFTD for appropriate review periods.



# Medical Certificate for Driver Licence

You must always carry either this tear-off medical certificate or a clear digital copy (such as a photo) when you drive. It is to be completed by the treating doctor if the driver is 75 years or older or if Option B was completed.

Name of driver

Driver Licence number

Licence class/es

Licence Conditions/Restrictions

Medical Certificate issue date

Review/Expiry Date

Health Professional's details Name

Signature

Address and phone number (or office stamp)

Medical Certificate for Driver Licence

**Part 1 - Applicant details**

**About you**

First name

Last name

Date of birth

Driver licence number

Postal address

Postcode

Contact number

Email address

**Declaration**

I declare the information provided to my doctor and on this form is correct. I authorise TMR, or its service delivery agent, to contact my doctor about my medical fitness to drive or to check the information provided on this form, as indicated here:

Action may be taken if it is proven the driver licence was given on the basis of information that I have not taken or correct.

My driver licence may be suspended or change is needed to add or remove a condition or class.

I must supply this information in accordance with the relevant Act.

Your signature

Date

**Part 2 - Medical assessment**

**Practice details**

Practice name

Health professional's name

Contact number

Email address

Yes  No

Have you received a copy of your medical certificate, cancellation or amendment of your licence for medical reasons?

Yes  No

Do you need to wear glasses or contact lenses for driving?

Yes  No

F3712-A V02 Nov 2025 Page 3 of 6

**Option A: Fit to drive without restrictions or conditions added**

Please mark one of the following boxes to indicate the reason why the person is fit to drive without restrictions.

Person does not have a permanent or long-term medical condition.

Person's medical condition has improved. No further medical review is required. Condition will be removed.

Person has a non-progressive medical condition which does not require a further medical review, they do not need to drive a modified vehicle, they do not need to drive a vehicle with an automatic transmission.

Person has a permanent or long-term medical condition but the AFTD standards provide the person is fit to hold an unconditional licence.

**Complete the tear-off medical certificate on page 6 for the following option:**

Person is 75 years or older and does not have a permanent or long-term medical condition.

**What is the medical certificate expiry date?**

No review needed if issued to a person 75 years or older. If a medical condition is applicable, please refer to the AFTD standards.

**Privacy Statement:** The Department of Transport and Main Roads collects your personal information under the provisions of the Acts mentioned on this form to process your medical fitness to drive certificate. We manage your personal information in accordance with the privacy act. For more information visit [www.tmr.qld.gov.au/privacy](http://www.tmr.qld.gov.au/privacy)

F3712-A V02 Nov 2025 Page 4 of 6

**Information for the medical assessment (Part 2)**

**Part 2 must be completed by a doctor.**

**Legal responsibility**

You are granted from liability under the Transport Operations (Passenger Transport) Act 1994, the use of this form is under an administrative process for granting information to TMR, and it is not a medical certificate. It is your responsibility to ensure you are a good faith about a person's medical fitness to drive.

**Commercial or Private Licence Standards**

You must assess the person under the Commercial or Private Licence Standards. These standards are found in the Australian Driving Rules for driver, for commercial and private licence holders. You can access these standards using the QR code at the bottom of this page.

You must assess your patient under the commercial standards if the person:

- is applying for or renewing a heavy class MC, AC, HC or MC licence or
- intends to drive public passenger vehicles, a vehicle carrying both the operator, goods, or unsecured tow truck or heavy vehicles over 4500kg gross vehicle mass.

If you are a doctor, the person must assess the person under the private standards.

**If you need to notify TMR**

If you need to notify TMR or ask a question about this application, you can:

- Visit us in person: [www.qld.gov.au/TMRcentres](http://www.qld.gov.au/TMRcentres)
- Phone 13 23 80
- Submit online via link or QR code [www.tmr.qld.gov.au/notifmymedicalcondition](http://www.tmr.qld.gov.au/notifmymedicalcondition)

**For more information**

For more information on passenger fitness to drive visit [www.transport.qld.gov.au](http://www.transport.qld.gov.au) and search 'Fitness to drive' or scan the QR code.

F3712-A V02 Nov 2025 Page 2 of 1

**Part 2 - Medical assessment continued - to be completed by a doctor**

**Licence questionnaire**

Person's name

Yes  No

For patients with an existing driver licence, have you checked their current class of licence and conditions of applicability?

**Which AFTD standard have you examined them in accordance with? Please select all that apply.**

Private  Commercial

**To your opinion, the person meets the above medical standards to drive the below vehicles. Please select all that apply.**

**Private:**

Car (C)  Light Approved Motorcycle or Moped (M)

Automatic Car (CA)  Light Right (LR)  Motorcycle (M)

**Commercial:**

Car (C)  Light Approved Motorcycle or Moped (M)

Automatic Car (CA)  Light Right (LR)  Motorcycle (M)

Medium Right (MR)  Heavy Right (HR)

M&T  Heavy Combination (HC)

Public passenger vehicle (eg, bus, taxi, food or transport services, infrastructure or maintenance).

Vehicle carrying both dangerous goods (quantity more than 500L or 500kg).

Heavy vehicle over 4 tonnes gross vehicle mass.

Authorized tow truck of any class.

**Declaration:**

I declare that I have seen the patient in a professional capacity, and I am not an immediate family member of the patient. The information provided is correct to the best of my knowledge and I agree to be contacted to verify this.

Understand that the information is collected to assess the patient's fitness to drive in accordance with the relevant Act.

Your signature

Date

F3712-A V02 Nov 2025 Page 4 of 6