

Clinical Examination for Health Professional's Use and Retention for record purposes only

Patient's details

Driver/ Patient's full name (please PRINT)

Driver/ Patient's address

Postcode

The examining health professional will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here ie. the Mini Mental State or equivalent for cognitive conditions. This form is to be retained by the examining health professional and not returned to Queensland Transport. Findings relevant to the person's fitness to drive should be recorded on the medical certificate supplied by Queensland Transport.

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

2.1 Chest/ Lungs..... Normal Abnormal

3. Abdomen (Liver)

3.1 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

4.4 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 30 seconds.

5. Vision

5.1 Visual acuity—

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn? No Yes

5.2 Visual fields..... Normal Abnormal
(confrontation to each eye)

6. Hearing (Commercial vehicle drivers only)

6.1 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.

8.1 Score.....

9. 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 "Assessing Fitness to Drive" (AFTD) publication.

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10. Assessment

What type of licence was the patient applying for?

Private Commercial

Health Examiner's full name (please PRINT)

Signed

Date of examination

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The health professional is to complete the 'Medical Certificate for Motor Vehicle Driver' (form F3712) in accordance with the AFTD – Commercial and Private Vehicle Drivers' medical standards.

Important—

For privacy reasons, the completed examination proforma **must not** be returned to Queensland Transport. Medical information relevant to Queensland Transport should be included on the Medical Certificate (in the case of Queensland Transport - initiated examinations) or on the Medical Condition Notification form (for assessments made in the course of patient treatment).