



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

**IMPORTANT INFORMATION**

As a driver, you are required to inform the Department of Transport (DoT) of any driving impairment.

A driving impairment means:

- Any permanent or long term physical or mental condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair your ability to control a motor vehicle.
- Any change to an existing physical or mental condition (which may include a dependence on drugs and alcohol) about which you have previously notified DoT.

Further information on this subject is available on our website [www.transport.wa.gov.au/medical-reporting](http://www.transport.wa.gov.au/medical-reporting).

You may be required to provide additional information about the driving impairment or undertake an assessment so that a decision may be made about your continued fitness to drive.

You are NOT required to notify DoT if your driving impairment is of a temporary nature.

Your personal driver's licence information is only accessible to staff who are directly involved in assessing a client's fitness to drive, and will only be released when required or disclosed to a third party, where authorised under 'road law' (as defined in the *Road Traffic (Administration) Act 2008*), or Commonwealth law or in compliance with a Court Order issued within Australia. Your personal details may also be disclosed to other driver licensing authorities to assess your application or verify any information you have provided.

**LICENCE HOLDER DETAILS**

DRIVER'S LICENCE NUMBER

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DATE OF BIRTH

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FAMILY NAME

OTHER NAME/S

RESIDENTIAL ADDRESS

SUBURB

STATE

W	A
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POSTCODE

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POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

SUBURB

STATE

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POSTCODE

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EMAIL ADDRESS

CONTACT NUMBER

**DRIVING IMPAIRMENT DETAILS**

**EYESIGHT IMPAIRMENT**

YES NO

Do you need to wear visual aids for driving? If yes, a condition will be endorsed on your licence requiring you to wear visual aids when driving.		
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Do you have any other vision or eye disorders? If yes, please detail below,		
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**DRIVING IMPAIRMENT DETAILS (CONT...)**

**OTHER DRIVING IMPAIRMENT**

YES NO

Do you have any permanent or long term mental or physical condition (which may include a dependence on drugs or alcohol) that has not previously been reported to DoT? If yes, please detail below.		
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Specify treatment or medication below.

YES NO

Has there been a deterioration of your driving impairment about which you have previously notified DoT? If yes, please detail below.		
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**DECLARATION**

The information given in this notification is true and correct and I am aware that DoT may:

- require me to provide additional information about my driving impairment;
- require me to undertake an assessment so that a decision may be made about my continued fitness to drive; or
- restrict, refuse, suspend or cancel my authority to drive or take no further action regarding my fitness to drive.

I understand that under the provisions of the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

DATE

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SIGNATURE OF DECLARANT

**COMPLETED FORM CAN BE SUBMITTED BY:**

**MAIL:**

Please mark 'Confidential'  
Mandatory Reporting Team  
GPO Box R1290  
Perth WA 6844

**EMAIL:** [MedicalMandatoryReporting@transport.wa.gov.au](mailto:MedicalMandatoryReporting@transport.wa.gov.au)

**IN PERSON:** At any Driver and Vehicle Services centre, regional DoT office or agent.

**OFFICE USE ONLY**

YES NO

Condition code S added to licence		
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Condition code 83 added to licence		
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SITE

RECEIVING OFFICER

OFFICER SIGNATURE

DATE

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