



## 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.

For more information, a Mandatory Reporting brochure can be accessed via 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.

However, 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

POST CODE

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POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

  


SUBURB

STATE

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POST CODE

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PREF CONTACT NUMBER

EMAIL ADDRESS



## 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 DETAIL (CONTINUED)

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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Please specify treatment or medication

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 (DVS) centre, regional Department of Transport office or participating DVS 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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