



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.

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

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OTHER NAME/S

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RESIDENTIAL ADDRESS

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SUBURB

--

STATE

W	A
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POSTCODE

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POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

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SUBURB

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STATE

--	--	--

POSTCODE

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EMAIL ADDRESS

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CONTACT NUMBER

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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.	YES	NO
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Do you have any other vision or eye disorders? If yes please detail below	YES	NO
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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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Please specify treatment or medication

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

YES NO

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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

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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

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 S added to licence

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SITE

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RECEIVING OFFICER

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OFFICER SIGNATURE

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DATE

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