

Home Sleep Test Report V.8.4

Patient: OCKHUUSEN, Tanya

Referring Doctor: Dr Sheryn Stieler

Study Date: 17/04/2024

DOB: 18/06/1965 (58 yo)

Analysis performed by: M.Medic

Gender: F

Study Location: Ipswich

Patient Height: 175 cm
OSA50: 8 / 10

Patient Weight: 99 kgs
STOPBANG: 3 / 8

BMI: 31.9 kg/m²
ESS: 15 / 24

CLINICAL HISTORY

History includes obesity, snoring, fatigue, cardiac disease, poor memory, ex-smoker, cardiac bypass. Medications include anticoagulants. Alcohol was not consumed on the night. Sedation was not administered. During analysis data integrity was well maintained.

SUMMARY OF RESULTS

The patient slept for 435.5 minutes with a sleep efficiency of 81.7%. Sleep latency was normal at 4.5 minutes. Supine sleep was recorded (369.9 minutes). Normal proportions of REM sleep (22.6%) and reduced proportions of Slow Wave Sleep (18.1%) were recorded. REM latency was normal (89.5 minutes). The patient's subjective sleep onset was overestimated and their subjective total sleep time was slightly overestimated.

Total Apnoea-Hypopnoea Index (AHI) was 13.0 events per hour and was worst in REM sleep (24.4 events per hour). 5 apnoeas, 89 hypopnoeas and 0 RERAs were observed during the study, with the longest obstructive apnoea being 15.5 seconds, and the longest hypopnea being 54.5 seconds. Snoring was noted, that persisted for 402.6 minutes throughout the night.

Oxygen desaturation index was 9.2 desaturations per hour. Average SpO₂ when awake was 96%. Average SpO₂ in NREM sleep was 94% and 94% in REM sleep. 1.22% of sleep time was spent with oxygen saturation below 90%.

Overall sleep fragmentation was very high with 93.0 minutes of wakefulness after sleep onset and 24 recorded awakenings after sleep onset. Total arousal index was 10.6 arousals per hour. 48.00 respiratory arousals were observed (Resp. Ari 6.61 / hr).

ECG demonstrated arrhythmia.

| | Total | Supine | Non-Supine | REM | NREM | Normal |
|---|-------|--------|------------|------|-------|--------|
| Apnoea Hypopnoea Index (AHI) | 13.0 | 14.4 | 4.57 | 24.4 | 9.6 | 0 - 5 |
| Oxygen Desaturation Index (ODI) | 9.2 | 9.7 | 7.32 | 27.5 | 3.6 | 0 - 5 |
| Average SpO₂ (% saturation) | 95 % | | | 94 % | 94 % | >= 92% |
| Lowest SpO₂ (% saturation) | 83 % | | | | | |
| Arousal Index (Ari) | 10.6 | 11.4 | 6.40 | 9.14 | 11.04 | |

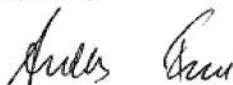
CONCLUSION

- There was evidence of mild obstructive sleep apnoea, mild hypoxia and frequent snoring.
- The patient's sleep was very highly fragmented; REM sleep was normally represented.

RECOMMENDATIONS

- Please consider a trial of CPAP, in view of the subjective daytime symptoms.
- A mandibular advancement splint is an alternative if CPAP is not tolerated.
- Please promote a healthy sleep hygiene, weight loss and moderation of alcohol intake.
- A sleep physician review should be considered if symptoms persist, or questions arise.
- Assess patient's fitness to drive. See www.austroads.com.au for guidelines.

Reported by,



Dr Andreas Fiene MBBS FRACP
Sleep and Respiratory Physician

A REFERRAL FOR SLEEP HEALTH MANAGEMENT IS INCLUDED SHOULD FOLLOWUP BE REQUIRED

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Test Results - Detailed

SLEEP STAGING AND ARCHITECTURE

| | Time (mins) | % TST |
|-----------------|-------------|--------|
| Wake | 97.5 | - |
| Stage 1 | 37.0 | 8.5 % |
| Stage 2 | 221.0 | 50.7 % |
| Slow Wave Sleep | 79.0 | 18.1 % |
| REM Sleep | 98.5 | 22.6 % |

| | |
|------------------|------------|
| Time in Bed | 533.0 mins |
| Total Sleep Time | 435.5 mins |
| Sleep Efficiency | 81.7 % |
| Sleep Latency | 4.5 mins |
| REM Latency | 89.5 mins |

| | |
|-------------------------------|-----------|
| Wake after sleep onset (WASO) | 93.0 mins |
| Awakenings after sleep onset | 24 |

| | |
|-----------------|------------|
| Lights out time | 7:30:30 PM |
| Rise time | 4:23:30 AM |

RESPIRATORY ANALYSIS

| | Central Apnoea | Mixed Apnoea | Obstructive Apnoea | All Apnoea | Hypopnoea | Total |
|---------------------------------|----------------|--------------|--------------------|------------|-----------|-------|
| Number of events | 0 | 0 | 5 | 5 | 89 | 94 |
| Index (N ^o per hour) | 0.0 | 0.0 | 0.7 | 0.7 | 12.3 | 13.0 |
| Average duration (secs) | 0.0 | 0.0 | 13.8 | 13.8 | 21.0 | 20.7 |
| Longest duration (secs) | 0.0 | 0.0 | 15.5 | 15.5 | 54.5 | 54.5 |
| Index (supine REM) | 0.0 | 0 | 0.0 | 0.0 | 28.7 | 28.7 |
| Index (supine NREM) | 0.0 | 0 | 1.0 | 1.0 | 9.2 | 10.3 |
| Index (non-supine REM) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Index (non-supine NREM) | 0.00 | 0.00 | 0.00 | 0.00 | 5.93 | 5.93 |

| | | | |
|--------------------|------------|--|--------|
| Total snoring time | 402.6 mins | Percentage of TST in Cheyne-Stokes Respiration | Nil. % |
|--------------------|------------|--|--------|

OXIMETRY ANALYSIS

| | Supine | Non-Supine | REM | Total |
|----------------------------------|--------|------------|------|-------|
| Number of desat. | 60 | 8.00 | 45 | 67 |
| O ₂ desat index (ODI) | 9.7 | 7.32 | 27.5 | 9.2 |
| Average SpO ₂ | | | 94 % | 95 % |
| SpO ₂ Nadir | | | | 83 % |

| Oximetry Desaturation Summary | | |
|-------------------------------|-----------------|---------|
| | Duration (mins) | % TST |
| <95 % | 200.00 | 45.92 % |
| <90 % | 5.30 | 1.22 % |
| <88 % | 3.50 | 0.80 % |
| <85 % | 0.30 | 0.07 % |
| <80 % | 0.00 | 0.0 % |
| <75 % | 0.00 | 0.00 % |

OTHER ANALYSIS

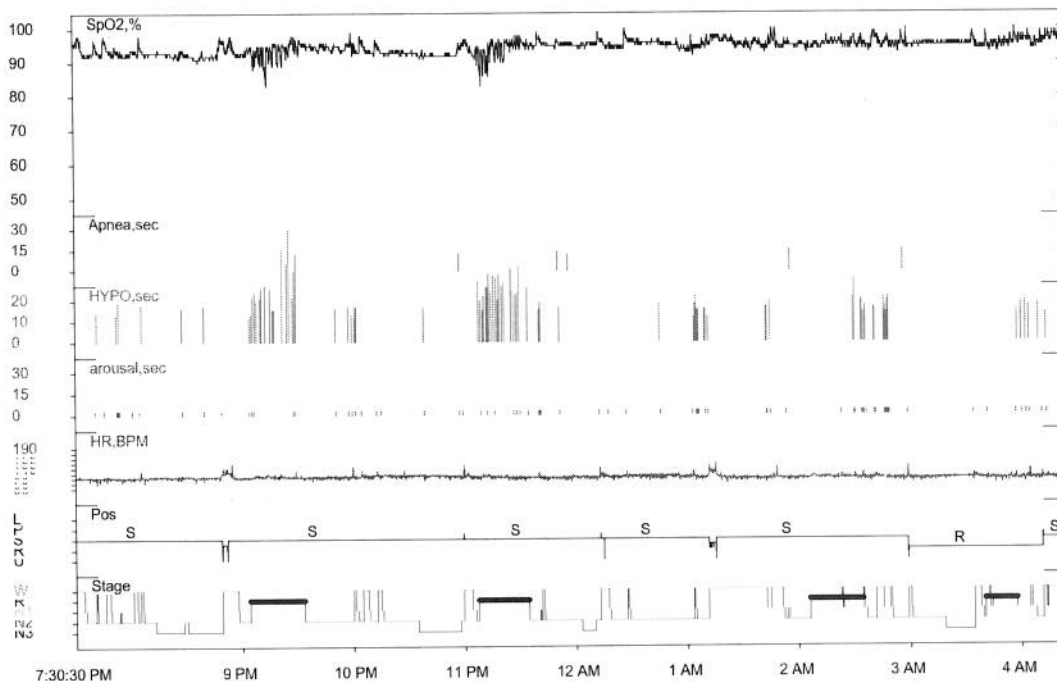
| Limb Movement Summary | |
|---|-----|
| Periodic Limb Movements during sleep | |
| PLM index (events per hr.) | N/A |
| Limb movement associated arousals (#/h) | N/A |
| PLM associated arousals (% of total) | N/A |

| | |
|--------------------|--------|
| Lowest heart rate | 48 BPM |
| Highest heart rate | 88 BPM |

| Arousal Summary | |
|-----------------------------|------|
| Respiratory Arousal Index | 6.61 |
| Snore Related Arousal Index | 0.1 |
| Spontaneous Arousal Index | 3.0 |

| ECG Summary | |
|--------------------|----------|
| Average heart rate | 71.8 BPM |

TREND (HYPNOGRAM)



GLOSSARY OF TERMS AND ABBREVIATIONS

| | | | |
|-------------|--------------------------------|------------------------|------------------------------|
| AHI | Apnoea Hypopnoea Index | PLM | Periodic limb movement |
| ESS | Epworth Sleepiness Score | REM | Rapid eye movement (sleep) |
| NREM | Non-rapid eye movement (sleep) | SpO₂ | Peripheral oxygen saturation |
| ODI | Oxygen desaturation index | TST | Total sleep time |

| | |
|--------------------------------------|--|
| Central Apnoea | Cessation of airflow ($\geq 90\%$ decreased sensor excursion compared to baseline) of at least 10 seconds, concurrent with cessation in respiratory effort sensor excursion. |
| Mixed Apnoea | Cessation of airflow ($\geq 90\%$ decreased sensor excursion compared to baseline) of at least 10 seconds, in part without respiratory effort, and in part with ongoing respiratory effort. |
| Obstructive Apnoea | Cessation of airflow ($\geq 90\%$ decreased sensor excursion compared to baseline) of at least 10 seconds, observed with ongoing respiratory effort. |
| Hypopnoea | Reduction in airflow ($\geq 30\%$ decrease in sensor excursion compared to baseline) of at least 10 seconds, resulting in subsequent $\geq 3\%$ oxygen desaturation OR EEG arousal. |
| Apnoea Hypopnoea Index | Count of all apnoeas and hypopnoeas, divided by the Total Sleep Time (in hours) |
| Cheyne-Stokes Respiration | A breathing rhythm with a specified crescendo-decrescendo change in breathing amplitude separating central apnoeas and/or hypopnoeas. |
| Oxygen Desaturation Index | Count of oxygen desaturations divided by the Total Sleep Time (in hours) |
| Total Sleep Time | The total amount of sleep observed during the study (reported in minutes) |
| Sleep Efficiency | Total Sleep Time divided by Time in Bed |
| Nadir | Lowest measurement during the recording |
| Supine | Lying horizontally on the back |
| Non-supine | Incorporates all sleeping positions excluding supine sleep |
| Time in Bed | Total time spent in bed after lights-out to rise time (reported in minutes) |
| Sleep latency | Time elapsed between lights-out and the first epoch of staged sleep (measured in minutes) |
| REM latency | Time elapsed between the first epoch of any sleep stage and the first epoch of staged REM sleep (reported in minutes) |
| Slow Wave Sleep | A sleep stage characterised by presence of 0.5-2Hz EEG waves comprising of $\geq 20\%$ of the 30 second epoch. |
| REM Sleep | A sleep stage characterised by a variety of distinctive EEG, EMG and EOG features. |
| Wakefulness after sleep onset | The total amount of time spent awake, after the initial epoch of sleep was staged, until rise time. |
| Awakenings after sleep onset | Count of awakenings (arousal from sleep lasting ≥ 15 seconds) after the initial epoch of staged sleep until rise time |

Information on measurement and analysis

Level 2 polysomnography are recorded on a SomnoMedics SomnoTouch Resp device. The parameters monitored include: EEG (central), electrooculogram (EOG), submental EMG, nasal airflow (pressure), anterior tibialis EMG, thoracic and abdominal inductive plethysmography, peripheral infrared transmission pulse oximetry, body position and 2-lead electrocardiogram.

Studies are interpreted in accordance with the AASM Manual for the Scoring of Sleep and Associated Events. Recommended measurements for apnea identification used are Section VIII, Part 1, Subsection A2a, A2b or A2c. Hypopnoea identification uses recommended measurements Section VIII, Part 1, Subsection A3, A4b or A4c. Interpretation of hypopnoeas follows Section VIII, Part 1, Subsection D1A.



The following information is provided to guide you through the process of when you have a permanent, or long-term medical condition and a medical assessment is required to determine whether you meet the medical criteria for the class of driver licence you currently hold, or the class of driver licence you are applying for.

Your treating doctor will undertake your medical assessment in accordance with the nationally consistent medical standards set out in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* (AFTD) publication.

Notifying the Department of Transport and Main Roads (TMR)

If you are applying for a licence you must notify TMR about any mental or physical incapacity that is likely to adversely affect your ability to drive safely.

If you hold a Queensland or a non-Queensland licence, you also have a legal obligation to notify TMR of any new, permanent, or long-term medical condition, or any increase in that condition that is likely to adversely affect your ability to drive safely. This must be done before you continue to drive.

TMR can legally require you to give medical evidence (i.e. a current *Medical Certificate for Motor Vehicle Driver* (form F3712) completed by your treating doctor) about whether you meet the medical criteria for the class of driver licence you hold, or the class of driver licence you are applying for.

Getting your completed *Medical Certificate for Motor Vehicle Driver* (form F3712)

- Make an appointment with your treating doctor to determine if you have a permanent, or long-term medical condition that is likely to adversely affect your ability to drive safely. When making your appointment, advise the receptionist why you are making the appointment as this kind of medical assessment may take longer than a standard consultation. You are responsible for payment of any fees that are charged by health professionals for their services.
- To assist your treating doctor with your medical assessment, complete the health questionnaire on page 1 of the *Private and Commercial Vehicle Driver's Health Assessment* (form F3195) prior to your appointment and give it to your treating doctor. Your treating doctor will complete page 2 as part of their medical assessment and will generally retain the completed form for their records. This form is not compulsory. However, it may assist your doctor in making a medical assessment. For a copy of the form, go to tmr.qld.gov.au/Find-a-form and search 'F3195'.
- You will also need to complete Part 1 of this form prior to your appointment and give it to your treating doctor at the commencement of your medical assessment.
- If the medical assessment has been requested for a particular reason e.g. you have been issued a show cause notice on medical grounds by TMR, you need to advise your treating doctor of this reason. If you need to wear glasses or contact lenses when driving, make sure you take these with you to your appointment.
- If you drive, or intend to drive a vehicle for commercial reasons (e.g. a class MR, HR, HC or MC vehicle, drive a bus or a personalised transport service etc.), you must tell your treating doctor so that you are assessed correctly under the commercial standards in the AFTD.

- If your treating doctor thinks it is necessary, or the AFTD requires it, you may be required to be assessed by an appropriate specialist before your treating doctor is able to provide TMR with an opinion about whether you meet the medical criteria for a driver licence.
- If your treating doctor has referred you to an optometrist or ophthalmologist, Part 3 of this form must be completed by your treating optometrist or ophthalmologist. If you need to wear glasses or contact lenses when driving, take these with you to your appointment.
- Any reports from your specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist must be given to your treating doctor before they can complete Part 2 of this form and provide an opinion regarding your medical fitness to drive.

If there is a delay in seeing your specialist

If there is a delay before you can see a specialist, talk to your treating doctor about whether you meet the criteria to hold a conditional licence. If so, your doctor may issue you with an interim *Medical Certificate for Motor Vehicle Driver* (form F3712) to cover this period on the provision that you have an appointment booked and your medical condition is not likely to lead to an acute incapacity, or loss of concentration before you see the specialist.

Your completed *Medical Certificate for Motor Vehicle Driver* (form F3712)

You can present this completed form at your nearest TMR customer service centre, or you can send it via:

Email: mcr@tmr.qld.gov.au

Mail: Department of Transport and Main Roads
Locked Bag 2000
Red Hill Rockhampton Qld 4701

TMR will consider the opinion of your treating doctor and any recommended conditions/restrictions and make a decision about whether you are eligible for the class of driver licence you currently hold, or the class of driver licence that you are applying for.

Indemnity for health professionals

The *Transport Operations (Road Use Management) Act 1995* provides indemnity against liability, both civilly or under an administrative process, for health professionals who give information in good faith to TMR about a person's medical fitness to hold, or to continue to hold a driver licence.

For more information

For more information about medical conditions and driving, please visit www.qld.gov.au/transport/licensing/update/medical or call 13 23 80*.

**Check with your service provider for call costs.*

Privacy Statement: TMR collects this information under the provisions of the Acts nominated on this form so that you may confirm your medical fitness to drive a motor vehicle safely. TMR may disclose this information to interstate authorities that issue driver licences, pilot or escort vehicle driver accreditations, driver or rider training accreditations, traffic controller accreditations, dangerous goods vehicle licences, tow truck licences and driver authorisations, and the Queensland Police Service (QPS). Your information will not be disclosed to any other third parties without your consent, unless required or authorised by law.



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.

This medical assessment should be conducted in accordance with the national medical standards in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* (AFTD) publication. This publication is available from the Austroads website www.austroads.com.au. For more information about medical fitness to drive, please visit www.qld.gov.au/transport/licensing/update/medical.

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*

***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

 / /

| | | | | | | | |
|--|---|---|---|--|--|----------------------------|--|
| <p>Queensland Government</p> <p>Medical Certificate for Motor Vehicle Driver</p> <p>(To be completed by the treating doctor if the driver is 75 years or older or question 5B of Part 2 has been completed)</p> <p>Name of driver (please print)</p> <p>Licence number (if known)</p> <p>TRB Forms Area F3712 V01 Nov 2022</p> <p>This 'tear-off' medical certificate must be carried when driving</p> | <p>Review/expiry date</p> <p>(provide details from question 5)</p> <p>/ /</p> | <p>Medical Certificate issue date</p> <p>(provide details from question 6)</p> <p>/ /</p> | <p>licence class/es</p> <p>(provide details from question 5B)</p> | <p>licence Conditions/Restrictions</p> <p>(provide details from question 5B)</p> | <p>Doctor's details</p> <p>signature</p> | <p>name (please print)</p> | <p>address and contact telephone number (office stamp)</p> |
| | <p>fold here</p> | | | | | | |

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 Austroads *Assessing fitness to drive for private and commercial motor vehicle drivers* (AFTD) publication, which is available at www.austroads.com.au.
- You must assess the person against the commercial standards if they are:
 - applying for, or currently hold a class MR, HR, HC or MC driver licence
 - driving, or intending to drive a public passenger vehicle (e.g. a bus or a personalised transport service etc.), or a vehicle to transport dangerous goods in a receptacle with a capacity of more than 500L or 500kg.
- If the AFTD states that assessment by a specialist is required, then you must refer the person to the relevant specialist.
- If you are uncertain about the impact of the person's medical condition on their ability to drive safely, you can refer the person to a specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist for an opinion.
- Do not complete Part 2 Medical Assessment until you have received all of the necessary reports back from the person's specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- All driver licensing decisions are the responsibility of TMR and your recommendation regarding 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/update/medical or call 13 23 80.

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 their driver licence suspended, cancelled, or downgraded on medical grounds.

2. What is your assessment of the person's visual acuity?

Do not complete if Part 3 has been completed by an optometrist or ophthalmologist.

| | | |
|------|------|--------------|
| R 6/ | L 6/ | Binocular 6/ |
|------|------|--------------|

2.1 Visual fields (confrontation to each eye)

Normal ☐ Abnormal ☐

3. Does this person need to wear glasses or contact lenses for driving?

Do not complete if Part 3 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 (M 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 conditions.

- ☐ 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 condition/s and/or restriction/s (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 tear off 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), RE 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 MR (medium rigid), HR (heavy rigid), HC (heavy combination), MC (multi-combination) driver licence, a person who is authorised or apply for authorisation to carry public passengers (for hire or reward) or dangerous goods.

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

_____ / _____ / _____

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

This assessment should be conducted in accordance with the standards provided in the Austroads *Assessing fitness to drive for private and commercial vehicle drivers* (AFTD) publication, which is available at the Austroads website www.austroads.com.au.

The purpose of this eyesight assessment is so that an optometrist, or ophthalmologist may provide an opinion to the treating doctor about whether a person meets the visual criteria for a driver licence and any recommended conditions/restrictions. An eyesight assessment is not a holistic assessment of a person's medical fitness to drive, and therefore, should not be used as a standalone assessment.

The completed assessment must be returned to the treating doctor who will consider it in conjunction with Parts 1 and 2 of the *Medical Certificate for Motor Vehicle Driver* form. TMR will not accept Part 3 without the completion of Parts 1 and 2 of the *Medical Certificate for Motor Vehicle Driver* form.

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

Private Standards ☐

Commercial Standards ☐

2. In my opinion, the person named in this report:

A. ☐ Meets the visual criteria for an **unconditional licence**

Recommended conditions/restrictions

B. ☐ Meets the visual criteria for an **unconditional licence** as visual condition has improved and **no longer needs a conditional licence** and requires no further review.

Code M may be removed from the licence once the treating doctor has completed Part 2 and considers there are no other conditions/restrictions. Provide details opposite.

C. ☐ Meets the visual criteria for a **conditional licence** and requires further review (code M will be shown on the licence).

Other recommended conditions/restrictions
(Refer to AFTD - Conditional licences for more information).
Provide details opposite.

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 6/

L 6/

Binocular 6/

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 fields

Visual fields tested by confrontation ☐ or automated perimetry ☐

Normal ☐

Abnormal ☐

Optometrist's/ophthalmologist's details (please print)

Name

Contact number

()

Address (office stamp)

Postcode

Signature

Date

/ /