

Medical Self-Declaration Form for New Driver Accreditation Applications

Acknowledgement: By progressing with this application, you acknowledge that the information you provide is true and correct, and you understand that if you provide false or misleading information to CPVV, your accreditation will be cancelled, and you may be subject to prosecution for committing a criminal offence.

I, _____

(Full Name)

of _____

(Address)

_____ , _____

(Date of Birth)

(Victorian Driver Licence Number)

Make the following medical self-declaration and do solemnly and sincerely declare that the content of this declaration is true and correct, and I make it knowing that making a declaration that I know to be untrue is a criminal offence:

Please check the box/es that apply to you below.

1. I have, or have had a history of:

- Epilepsy
- Blackouts
- Any heart conditions
- Musculoskeletal conditions
- Dementia
- Neurological conditions
- Cognitive impairment
- Psychiatric conditions
- Sleep disorders
- Hearing loss
- None of the above

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2. I have diabetes:

Yes No

My diabetes is controlled by one of the following:

- Insulin
 Oral medication (e.g. tablets)
 Diet
 Not applicable

3. I have experienced a blackout before:

Yes The last time I experienced a blackout was: _____
No

4. I regularly take medication where the labelled instructions warn against driving and/or suggest caution when driving:

Yes The medication/s I take is: _____
No

5. I regularly use drugs (such as stimulants or drugs of addiction) other than medication, which may affect my driving:

Yes The drug/s I take is/are: _____
No

6. I need to wear glasses or contact lenses when I am driving:

Yes No

7. I have an eye or vision condition that may affect my driving:

(E.g. poor visual acuity, monocular vision, double vision, visual field defects, poor night vision)

Yes My eye or vision condition/s is/are: _____
No

8. I provide VicRoads with medical reports in relation to my driver licence:

Yes The medical reports I provide to VicRoads are: _____
No

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By signing this declaration, I declare that:

- to the best of my knowledge and belief there is no other medical condition or disability, that I have not already reported to CPVV, likely to prevent me from performing Commercial Passenger Vehicle services, bus services or work as a driving instructor.
- to the best of my knowledge, the information provided by me in this declaration is true and correct.
- I consent to CPVV making all reasonable enquiries in order to verify that the information provided by me in this declaration is true and correct.
- I understand and acknowledge that CPVV may ask that I provide any information or documents that it considers necessary for consideration of this declaration.
- I understand and acknowledge that CPVV may ask another person to provide any information, document or agreement that it reasonably considers necessary for the consideration of this declaration.
- I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury and may be prosecuted for this criminal offence.

Declared at _____)

in the State of Victoria, on this _____)

_____ day of _____, 20 _____)

Signature of the person
making this declaration