As a Tasmanian driver, you are legally required to notify the Registrar of Motor Vehicles if you develop a medical condition likely to affect your driving ability.

All reports received will be treated confidentially. Personal information will not be disclosed to any third party unless you consent or it is required or authorised by law.

For more information on Fitness to drive visit the Transport website: [transport.tas.gov.au](http://www.transport.tas.gov.au/licensing/information/assessing_fitness_to_drive) or call 1300 135 513.

|  |
| --- |
| **Your details** |
| Name:  |
| Residential Address: |
| Postal Address:  |
| Contact Number: Email: |
| Driver Licence Number \_ \_ \_ \_ \_ \_ \_ DOB: \_ \_ /\_ \_ / \_ \_ \_ \_ |
| **What you are reporting (tick all applicable)** |
|  The requirement to wear visual aids (glasses or contact lenses)  |
| And/or |
|  A medical condition (You can ask your doctor for advice about the effect an illness, disability or medical condition may have on your ability to drive safely, including any medicines you may be taking.)  |
|  **Details of your diagnosed Medical Condition:**  |
| (If reporting Diabetes please indicate whether it is controlled by medication, insulin or diet)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *You will be contacted if any further information or action is required.* |
| **Declaration** |
| I declare that the information given in this notification is true and correct to the best of my knowledge. |
| Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Completed forms can be submitted by either:** |
| **Mail** Registrar of Motor Vehicles **Email:** tes@stategrowth.tas.gov.au  GPO Box 1002  HOBART TAS 7001 **In Person:** at any Service Tasmania shop  |