

## Medical report

### Authorisation - to be completed by the applicant

Personal and/or health information that we collect from you in connection with the *Application for exemption from wearing an approved bicycle helmet in Victoria* may be used for the purposes, and disclosed to persons, permitted by section 92 of the Road Safety Act 1986. It may be disclosed to various organisations and persons, including (without limitation) to contractors and agents of VicRoads, the Victorian Institute of Forensic Medicine or other body advising VicRoads on medical issues, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, courts and other organisations or people authorised to collect it.

You are required to provide this personal information. Failure to provide the information may result in this application not being processed. For further information about VicRoads use of your personal information and your right of access to it, see VicRoads [Protecting your privacy](#).

I agree to the medical practitioner named on this form, completing the medical report, and forwarding it to VicRoads and agree to VicRoads' use and disclosure of personal and health information contained in the form.

Signed	
Date	

### Your personal details

Surname		Date of birth	
First given name		Second given name	
Address		Postcode	
Email		Telephone	

### Medical report - to be completed by medical practitioner

This medical report will be forwarded by VicRoads to the Victorian Institute of Forensic Medicine (at VicRoads' expense) for an independent opinion. You may be contacted for further medical information. Please note that exemptions are only granted where a person experiences extreme difficulty in wearing a bicycle helmet.

#### 1. Reason given by patient for requesting exemption:

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#### 2. How long has the applicant been your patient?

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#### 3. Please give details of medical history relevant to application:

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#### 4. Medical diagnosis and treatment (relevant to this application)

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#### 5. Is the applicant able to wear a bicycle helmet given their current medical condition?

Yes  No

#### 6. Present treating doctors:

General Practitioner

Name of person	
Address	
	Postcode
Name of person	
Address	
	Postcode
Specialists:	
Name of person	
Address	
	Postcode
Name of person	
Address	
	Postcode

#### Medical practitioner completing this application:

Name	
Address	
	Postcode
Signed	Date: