

Please complete the white sections of this form and sign below.
Please print clearly in ink using BLOCK letters.

Your personal details

Surname					Given name(s)															
Residential address																				
															Postcode					
Mobile phone no. (or other if not applicable)																				
Date of birth		D	D	M	M	Y	Y	Y	Y	Driver licence number										

Consent

The examining practitioner may require you to fill in this form prior to any medical report being sent to VicRoads. Please complete it and hand it to your examining practitioner. Your examining practitioner should include a copy of this completed consent with the report to VicRoads.

There is no need for you to return this form directly to VicRoads, it should just be given to your examining practitioner.

Personal and/or health information that we collect from you in connection with the administration of your driver licence will be used for that purpose and may be used for other purposes permitted by the *Road Safety Act 1986* and the *Marine Safety Act 2010*. Your personal and/or health information may be disclosed to contractors and agents of VicRoads, the Victorian Institute of Forensic Medicine or other body advising VicRoads on medical fitness of drivers, occupation therapists, law enforcement agencies, other road and traffic authorities including the Victorian Taxi Directorate, the Transport Accident Commission, courts and other persons authorised to obtain it such as Transport Safety Victoria. You are required to give this information to VicRoads by the *Road Safety Act 1986*, *Marine Safety Act 2010* and associated regulations. Failure to provide this information may result in your application not being processed or driver licence records not being properly maintained or your authority to drive on your interstate driver licence/learner permit or overseas driver licence removed. For further information about our use of your personal and/or health information and your rights of access to it, see VicRoads brochure *Protecting your privacy* or contact VicRoads. For other agencies or persons authorised to obtain your personal and/or health information, you should contact the agency directly for further information about their use and your rights of access to it.

I agree to the examining practitioner completing the report and forwarding it to VicRoads and agree to VicRoads' use and disclosure of personal and health information contained in the report in accordance with the above statement. I agree to pay all expenses in connection with this report.

Signed																		
Date		D	D	M	M	Y	Y	Y	Y									