

HealthLink SmartForms for Genie

Welcome to HealthLink SmartForms. The smartest way for health professionals to submit Fitness to Drive medical assessments to Transport for New South Wales.

Your practice must be running Genie v11.0.3 and above to access the HealthLink SmartForms.



Submitting HealthLink SmartForms from Genie

SmartForms enable **Genie** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software.

Step 1:
Accessing HealthLink SmartForms

Step 2:
Launching a new form

Step 3:
Completing the form

Step 4:
Previewing, Submitting and Parking

Step 5:
Accessing parked and auto-saved forms

Step 6:
Accessing submitted forms

HealthLink Technical Support

Email: helpdesk@healthlink.net

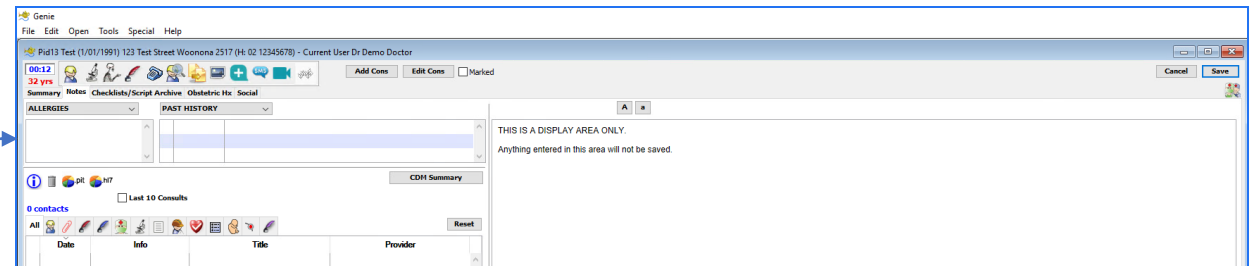
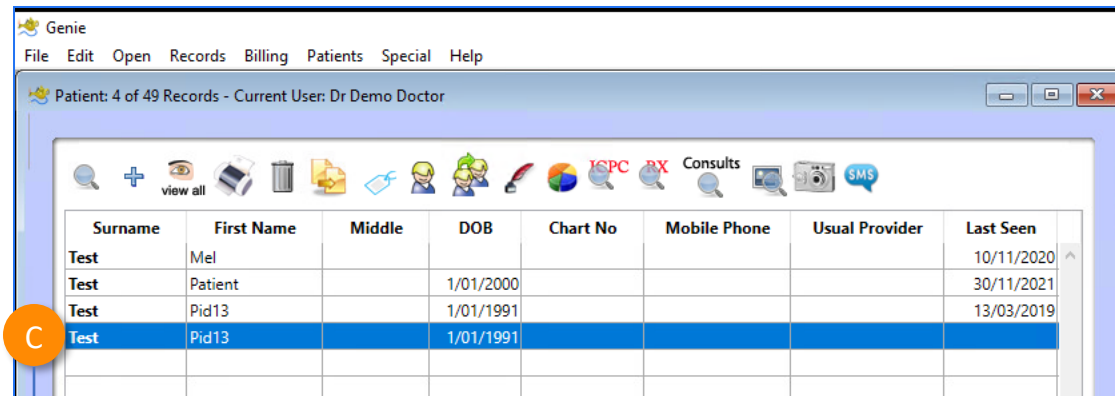
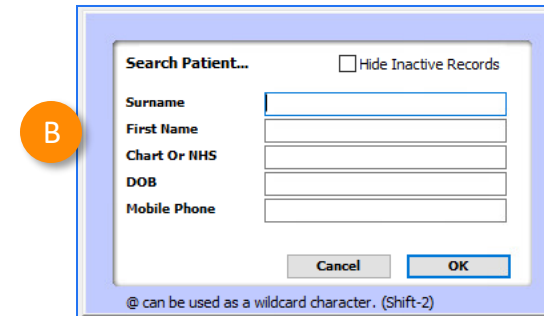
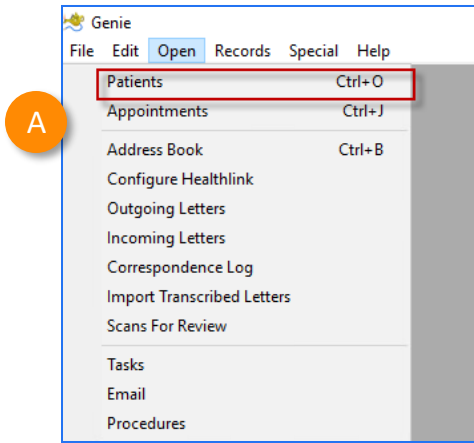
Phone: 1800 125 036

Step 1: Accessing HealthLink SmartForms

To access the forms within your
Genie software...

First, search for the patient and open
their electronic medical record:

- A** **Open > Patients** from the main menu.
- B** Search for the patient you require.
- C** Select the patient and their record will
come up.



Step 1: Accessing HealthLink SmartForms

From the patient's record...

D

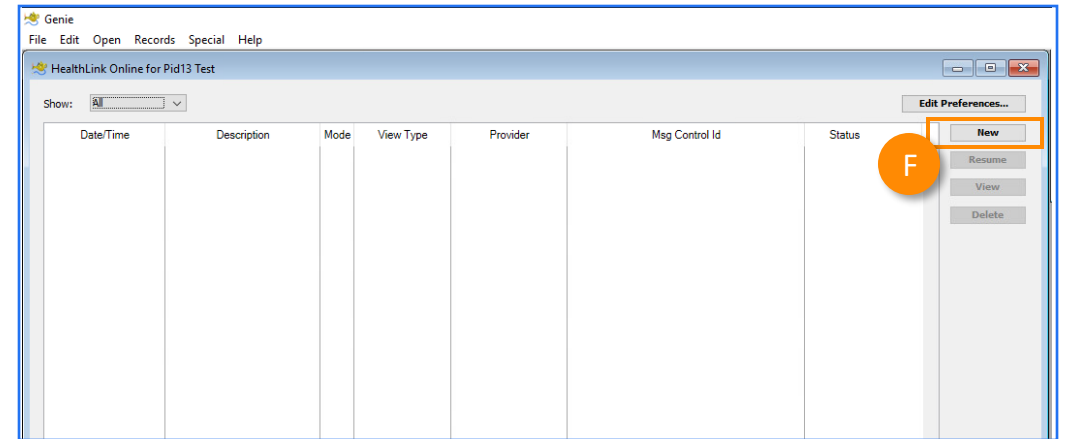
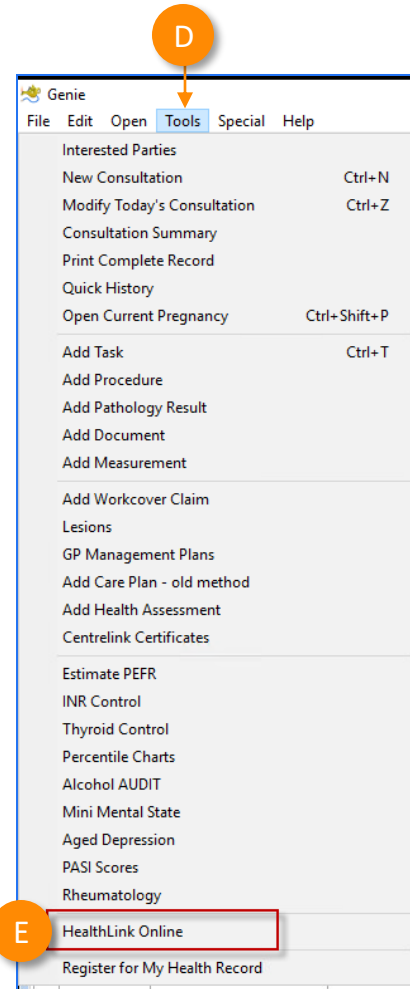
Select **Tools**

E

Then **HealthLink Online**

F

Now click the **New** button to launch the HealthLink home page to create a new referral.



Step 2: Launching a new form

Now you're on the HealthLink home page...

A

Here you'll find a list of available services to refer patients.

B

Within the **Referred Services** section, click on the link named **Transport for NSW**

Specialists, Allied Health Providers and GPs



Specialists+Referrals Refer to Private Specialist

Contact other health providers

General Services

NSW Certificate of Capacity

Compose a Letter or Report
ReturnToWorkSA Work Capacity Certificate

A

Referred Services

ACT Public Outpatient and Community
Austin Health
Banyule Community Health
Chris O'Brien Lifeline Services
Eastern Health
Hearing Australia Medical Certificate
Mercy Hospital for Women
My Aged Care Referral
Northern NSW LHD - eReferrals
NSW Health Outpatient Referrals
NSW Health Outpatient referrals - Far West LHD
NSW Health Outpatient referrals - Western Sydney LHD
NSW Health Outpatient referrals - South Eastern Sydney LHD
Radiology Referrals
Spectrum Medical Imaging
Sydney Local Health District Services
Tasmanian Mental Health and Alcohol and Other Drugs
Transport for NSW - MASP

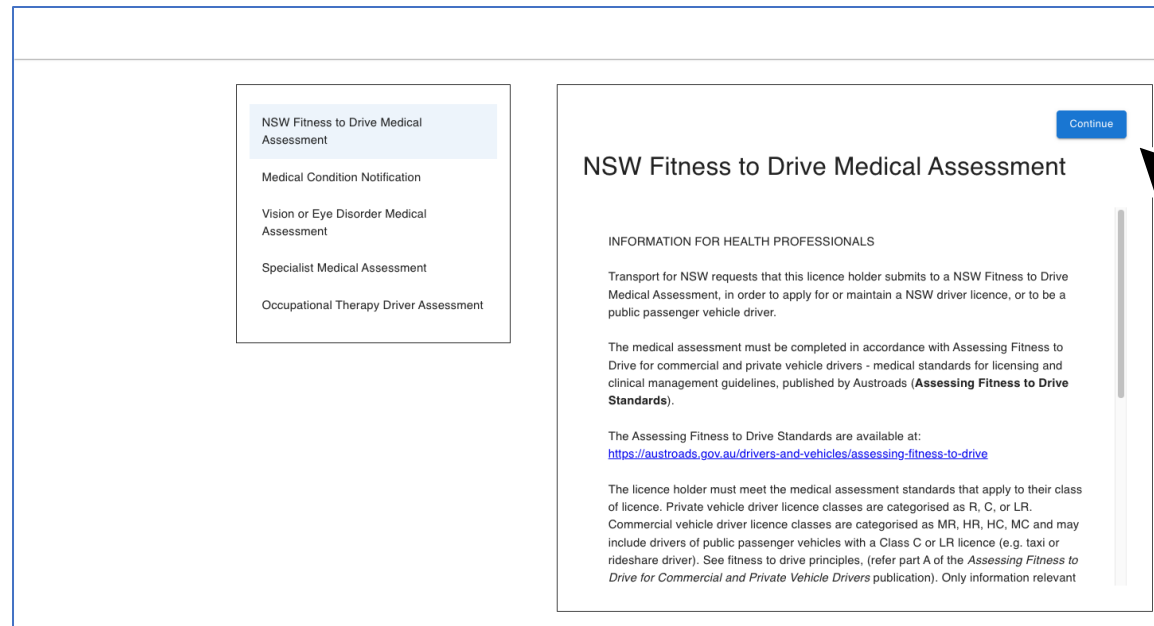
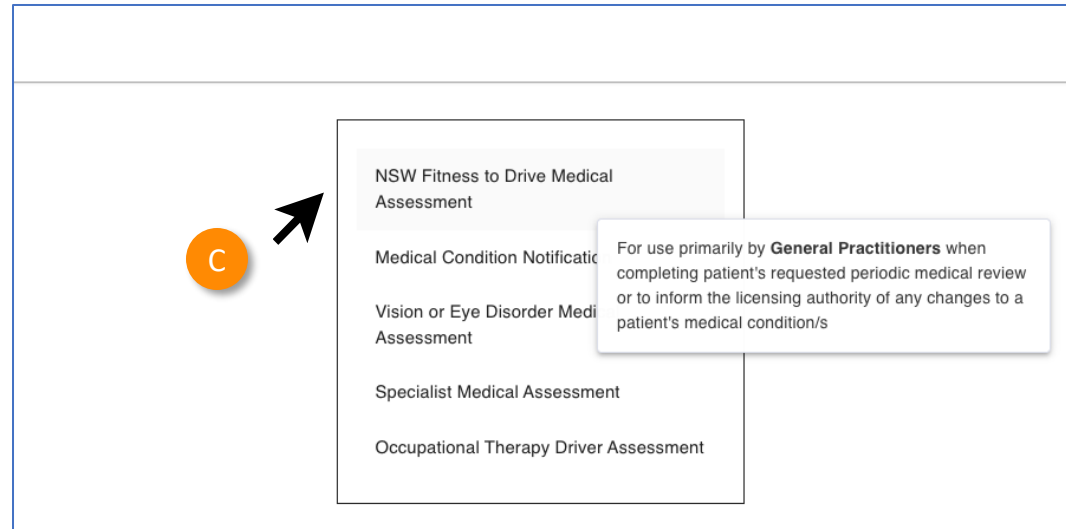
Application for ACT Approval to Prescribe Controlled Medicines
Austin Health eReferrals
coCHIP - Cardiometabolic Health in Psychosis
DPV Community Health
Head to Health
Medicare Mental Health (1800 595 212)
Monash Health
Northern Health
Northern Sydney Local Health District Services
NSW Health Outpatient referrals - Central Coast LHD
NSW Health Outpatient referrals - Western NSW LHD
NSW Health Outpatient referrals - Illawarra Shoalhaven LHD
PRP Diagnostic Imaging
SA Health
Sydney LHD Women's Health and RPA Hospital Services
Tasmanian Health Service
Transport for NSW
Wentworth Medical

B

Step 2: Launching a new form

C To launch the SmartForm, select the **NSW Fitness to Drive Medical Assessment** form from the list of available forms.

D A pop-up information box for Health Professionals will appear next. Once you have read the information, click the **continue** box.



Step 3: Completing the form

Now you've loaded the form to complete and submit.

A

The **SmartForm layout** provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

B

Mandatory Fields must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

Note: Once you have ticked on the **patient consent obtained** box – the form will validate your patient's driver license number, and you will be able to proceed to their medical

NSW Fitness to Drive Medical Assessment

Submit Preview Park Help

Medical Assessment ▲
Information Required

Attachments / Reports
0 files attached (0 KB)

Patient Information ▲
No patient name
No patient ID available
No date of birth

Recipient / Referrer ▲

Driver Licence Verification

☒ Driver licence number ☐ Customer number

Driver licence number * Date of birth *

☐ Patient consent obtained * Patient surname *

Current medical assessment information

Name Address

Date of birth

Licence number Reason for medical

Licence class

Field of Practice * General Practitioner

Medical standard

Assessing medical standard *

NSW Fitness to Drive Medical Assessment

Submit Preview

Medical Assessment ▲
Information Required

Attachments / Reports
0 files attached (0 KB)

Patient Information ▲
No patient name
No patient ID available
No date of birth

Recipient / Referrer ▲

Driver Licence Verification

☒ Driver licence number ☐ Customer number

Driver licence number * Date of birth *

☒ Patient consent obtained * Patient surname *

Current medical assessment information

Name Address

Date of birth

Licence number Reason for medical

Licence class

Field of Practice * General Practitioner

Medical standard

Assessing medical standard *

Patient Consent


You confirm that you have obtained your patient's consent:

a. to complete this Transport for NSW medical form
b. to disclose their personal and health information to Transport for NSW and/or to other medical professionals nominated by Transport for NSW.

Step 3: Completing the form


C

Once your patient's driver license number has been validated you will be able to continue with the **Medical Assessment**.


Medical Assessment 
Licence class: C
Medical standard: Private

Attachments / Reports
0 files attached (0 KB)

Patient Information

Recipient / Referrer 

NSW Fitness to Drive Medical Assessment


Driver Licence Verification 

☒ Driver licence number ☐ Customer number

Driver licence number *
45232285

Date of birth *
01/01/1980

Patient surname *
Name

☒ Patient consent obtained *  Validate / Retrieve

Current medical assessment information

Name
Patient Name

Date of birth
01/01/1980

Licence number
45232285

Licence class
C



Field of Practice *
General Practitioner

Medical standard
Private

Assessing medical standard *
Private

Address
100 BUNGARRIBEE ROAD
BLACKTOWN NSW 2148

Reason for medical
Congenital Disorders

 Consider the nature of the driving task when performing this assessment. 

Continue with Medical Assessment

C


©HealthLink

8

Step 3: Completing the form


D

The SmartForm is responsive, and it will indicate which questions are mandatory as you move through your patient's medical assessment.


Medical Assessment 
Licence class: C
Medical standard: Private


Attachments / Reports
0 files attached (0 KB)

Patient Information


Recipient / Referrer 

Driver Licence Verification

VISION
Does the patient have a current vision or eye disorder? * 
☐ Yes ☐ No

CARDIOVASCULAR DISEASE
Does the patient have a cardiovascular condition(s)? * 
Please select the relevant condition(s) *

☐ Acute Myocardial Infarction
☐ Aneurysms (Abdominal and Thoracic)
☐ Angina
☐ Anticoagulant Therapy
☐ Atrial Fibrillation
☐ Cardiac Arrest
☒ Complicated Congenital Disorder

 A person may drive without restriction and without reporting to the driver licensing authority if they have **uncomplicated** congenital heart disease and there are no or minimal symptoms relevant to driving.

☐ Coronary Artery Bypass Grafting
☐ Dilated Cardiomyopathy
☐ Heart Failure
☐ Heart Transplant
☐ Hypertension
☐ Hypertrophic Cardiomyopathy
☐ Implantable Cardiac Defibrillator (ICD)
☐ Pacemaker
☐ Paroxysmal Arrhythmias
☐ Percutaneous Coronary Intervention (PCI)

Step 3: Completing the form

Attachments / Reports

- E** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.
- F** You can select any item from the **table** – showing you patient medical records captured from the **last six months**.
- Or you can **browse for files...**
 - G** stored in your Practice Management Software by clicking the **Browse** button .
 - H** **Note:** Make sure to update the date parameters if you want to see files that are older than six months.

NSW Fitness to Drive Medical Assessment

Medical Assessment
Licence class: C
Medical standard: Private

Attachments / Reports
2 reports selected (0 KB)
0 files attached (0 KB)

Patient Information
Recipient / Referrer

Diagnostic Reports / Patient Documents
Supports file types: doc, docx, jpeg, pdf, rtf, tiff, txt

Caution: larger attachments may take significant time to preview

Name	Date ↑	Comments	Type	Size (KB)
RTF # 2 RTF	11/07/2025	RTF # 2	rtf	60
JPG # 2 JPG	11/07/2025	JPG # 2	jpg	99
PDF #2 PDF	11/07/2025	PDF #2	pdf	214

Local File Attachments
Supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt
Note: Files without a file extension are not accepted. Please save with an appropriate file type, then try again.

Name	Date ↑	Comments	Type	Size (KB)
No Local Files Selected Click "Browse" button to add local files				

NSW Fitness to Drive Medical Assessment

Medical Assessment
Licence class: C
Medical standard: Private

Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)

Patient Information
Recipient / Referrer

Diagnostic Reports / Patient Documents
Supports file types: doc, docx, jpeg, pdf, rtf, tiff, txt

Caution: larger attachments may take significant time to preview

Name	Date ↑	Comments	Type	Size (KB)
RTF # 2 RTF	11/07/2025	RTF # 2	rtf	60
JPG # 2 JPG	11/07/2025	JPG # 2	jpg	99
PDF #2 PDF	11/07/2025	PDF #2	pdf	214

Local File Attachments
Supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt
Note: Files without a file extension are not accepted. Please save with an appropriate file type, then try again.

Name	Date ↑	Comments	Type	Size (KB)
No Local Files Selected Click "Browse" button to add local files				

Browse Diagnostic Reports / Patient Documents
Please select the report(s) to be submitted with this referral.

Search Options:
Search Filename: [] Date From: 15/06/2025 Date To: 15/07/2025 [Search]

Name	Date ↑	Comments	Type	Size (KB)
No files loaded Enter Search Options and click "Search"				

Step 3:

Completing the form

Attachments / Reports

I Another option to add attachments is the ability to browse for files in your local computer's file by clicking the **Browse** button.

J Select the file for your local computer file and select **Open**.

NSW Fitness to Drive Medical Assessment

Medical Assessment ▲
Licence class: C
Medical standard: Private

Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)

Patient Information

Recipient / Referrer

Diagnostic Reports / Patient Documents
Supports file types: doc, docx, jpeg, pdf, rtf, ttf, txt

Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Name	Date ↑	Comments	Type	Size (KB)
<input type="checkbox"/>	RTF # 2.RTF	11/07/2025	RTF # 2	rtf	60
<input type="checkbox"/>	JPG # 2.JPG	11/07/2025	JPG # 2	jpg	99
<input type="checkbox"/>	PDF # 2.PDF	11/07/2025	PDF # 2	pdf	214

Local File Attachments
Supports files that end in types: doc, docx, jpeg, pdf, rtf, ttf, txt
Note: Files without a file extension are not accepted. Please save it with an appropriate file type, then try again.

<input type="checkbox"/>	Name	Date ↑	Comments	Type	Size (KB)
No Local Files Selected Click "Browse" button to add local files					

Browse

NSW Fitness to Drive Medical Assessment

Medical Assessment ▲
Licence class: C
Medical standard: Private

Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)

Patient Information

Recipient / Referrer

Diagnostic Reports / Patient Documents
Supports file types: doc, docx, jpeg, pdf, rtf, ttf, txt

Caution: larger attachments may take significant time to preview

Open

File name: Custom files

Open **Cancel**

Browse

Step 3: Completing the form


Patient information

K Patient information will be pre-populated by the SmartForm in the **Patient information** tab.



NSW Fitness to Drive Medical Assessment


Submit Preview Park Help

Medical Assessment 
Licence class: C
Medical standard: Private


Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)


Patient Information

No patient ID available
01/01/1980


Recipient / Referrer 

Patient Information

Medicare number Date of birth* 01/01/1980  Pension number

Name Patient Name 

First name * Patient Last name * Name

Residential Address: 13 Test Street, Sydney, NSW, 2000
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1 * 13 Test Street


Address line 2

Suburb Sydney

State * NSW

Postcode 2000

Postal Address
Same as residential
☐ Yes ☒ No

Postal Address: 13 Test Street, Sydney, NSW, 2000
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1 * 13 Test Street

Step 3: Completing the form

Recipient / Referrer

L Recipient / Referrer information will be pre-populated by the SmartForm in the **Recipient / Referrer** tab.

Note: Before submitting please double check your medical practitioner information is correct.

You can assess a person's fitness to drive in NSW if you're a registered medical practitioner or specialist. This includes general practitioners, specialists, optometrists, ophthalmologists and allied health professionals.



HL

Submit Preview Park Help

NSW Fitness to Drive Medical Assessment

Medical Assessment
Information Required ▲

Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)

Patient Information
Patient Correct ▲

Recipient / Referrer
Patient Name
0000000Y

Medical Practitioner Information

Medicare Provider Number *
0000000

Medical Registration Number

Full Name: Patient Name ⓘ

Name: Patient Name ^

First name *
Patient

Last name *
Name

Practice name *
HealthLink Townsville

Practice Address: 13 Test Street, Suite, Sydney, NSW, 2000 ^

Address line 1 *
13 Test Street

Address line 2
Suite

Suburb
Sydney

State *
NSW

Postcode
2000

Practice telephone *
0244015650

Email *
name@patient.com

Practice fax
0244015651

END

Step 4: Previewing, Submitting and Parking

Previewing

A When you are ready to review your form, check the **Declaration** tick box.

NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

Review period recommendation

TfNSW Default

i TfNSW Default means that TfNSW will determine the review frequency based on the patient's medical condition(s), the AFTD or age-related policy. Alternatively, you can select a bespoke review period.

Driving assessment recommendation/s (if applicable)

- ☐ Transport for NSW practical driving test
- ☐ Occupational Therapist Driver assessment
- ☒ None

Recommended licence condition/s (if applicable)

- ☐ Downgrade to a lower class of licence
- ☐ Daylight hours only
- ☒ May only drive automatic vehicles
- ☐ Radius restrictions

Recommend other licence condition/s:

Specialist review recommendation/s (if applicable)

Recommend other specialist/s review:

Ophthalmologist

TfNSW will create an immediate request for a specialist review to be conducted. Please arrange a referral/s.

- ☐ Any additional comments on conditions likely to affect driving? **i**

i NOTE: Additional comments not required if condition(s) has already been assessed on this form

DECLARATION

- ☒ Applicant declaration read and accepted. **i**

Advise the Customer that the Medical Report can be printed for them, emailed to them or that a copy can be obtained on application from a Service NSW centre.



Step 4: Previewing, Submitting and Parking

Previewing

- B** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- C** If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it. You can click on each error in the **please fix the following errors** box and the form will take you directly to the required field.
- D** You can scroll through any errors by using the **Go to Error** function on the bottom left hand corner of the SmartForm.

NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

⚠ Please fix the following errors:

Medical Assessment

- [Seizure or Epilepsy]: Does the patient have epilepsy? is a required field
- [Neurological Condition]: Does the patient have vestibular, neurological or other neurodevelopmental disorders? is a required field
- [Sleep Disorder]: Does the patient have established sleep apnoea syndrome, narcolepsy, or excessive sleepiness? is a required field
- [Mental Health]: Does the patient have a chronic psychiatric condition of such severity that may impact safe driving? is a required field
- [Musculoskeletal Disorder]: Does the patient have a musculoskeletal disorder that may impact on safe driving? is a required field
- [Substance Use Disorder]: Does the person have an alcohol use disorder such as alcohol dependence or heavy frequent alcohol use or a substance use disorder such as substance dependence or other substance use that is likely to impair safe driving? is a required field
- [Medications]: Is the patient taking multiple medications that may affect driving? is a required field
- [Treatment History]: When did you first treat the patient? is a required field
- [Treatment History]: When did the patient first attend this practice? is a required field
- [Treatment History]: Did you have any knowledge of the patient's medical history before undertaking this assessment? is a required field
- [Recommendations]: Please complete the Recommendations section
- [Declaration]: Applicant declaration read and accepted is a required field

Recipient / Referrer

- Medicare Provider Number is a required field

SEIZURE OR EPILEPSY

Does the patient have epilepsy? * ⓘ

☐ Yes ☐ No

NEUROLOGICAL CONDITION

Does the patient have vestibular, neurological or other neurodevelopmental disorders? * ⓘ

☐ Yes ☐ No

SLEEP DISORDER

Does the patient have established sleep apnoea syndrome, narcolepsy, or excessive sleepiness? * ⓘ

☐ Yes ☐ No

Goto Error:

< Previous

Current

Next >

Step 4: Previewing, Submitting and Parking

Previewing / Parking

E Click Preview. A pop-up **Preview** will appear for your review.

A copy of the form is saved directly to the patient file.

F And if you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.

NSW Fitness to Drive Medical Assessment

[Submit](#)[Preview](#)[Park](#)[Help](#)

The screenshot displays the 'NSW Fitness to Drive Medical Assessment' form. A 'Preview' pop-up window is open, showing a summary of the form data and a disclaimer. The background form is partially visible, showing fields for Medical Practitioner Information, Patient Information, and Practice Address. The 'Preview' window contains the following text:

Disclaimer: The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Assessment Statement
This assessment has been completed in accordance with 'Assessing Fitness to Drive'. The standards can be viewed at <https://www.austroads.gov.au>

Privacy Statement
Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsome Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies. If your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or rideshare service providers under the Passenger Transport Act 2014 (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

NSW Fitness to Drive Medical Assessment - Transport for NSW

Patient: ., 45yrs, DOB 01/01/1980,

Residential address

Postal address: , ,

Referred by:

Medical Assessment Information

Driver Licence Verification

Driver licence number: 45232285

The background form shows the following information:

- Medical Assessment:** Licence class: C, Medical standard: Private, Ready to Submit.
- Attachments / Reports:** 0 files attached (0 KB).
- Patient Information:** HLGAECTNJR, MARSIDONOTTOUCHHL, No patient ID available, 01/01/1980.
- Medical Practitioner Information:** Medicare Provider Number: 000000000, Full Name: Brett Mitchell, Name: Brett Mitchell, Practice name: Furious Five Psych, Practice Address: 4/69 eyre Street, Address line 1: 4/69 eyre Street, Address line 2: , Suburb: NORTH WARD, State: Queensland, Postcode: 4810, Practice telephone: +61 04 17728660, ERI: suportal.

Step 4: Previewing, Submitting and Parking

Submitting

- G** When you are ready to send your form, click **Submit**.
- H** This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.

A copy of the submitted form is saved directly to the patient file.

Preview

Print

Submit

Close

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

G

Submitted

Print

H

Form sent on 04/07/2025 09:34 AEDT

Assessment Summary

Report has been forwarded to Transport for NSW for processing.

For any enquires please contact Service NSW on 132213

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Step 5:

Accessing parked and auto-saved forms

To access parked or auto-saved forms, from the patient's record...

A Go to **Tools**

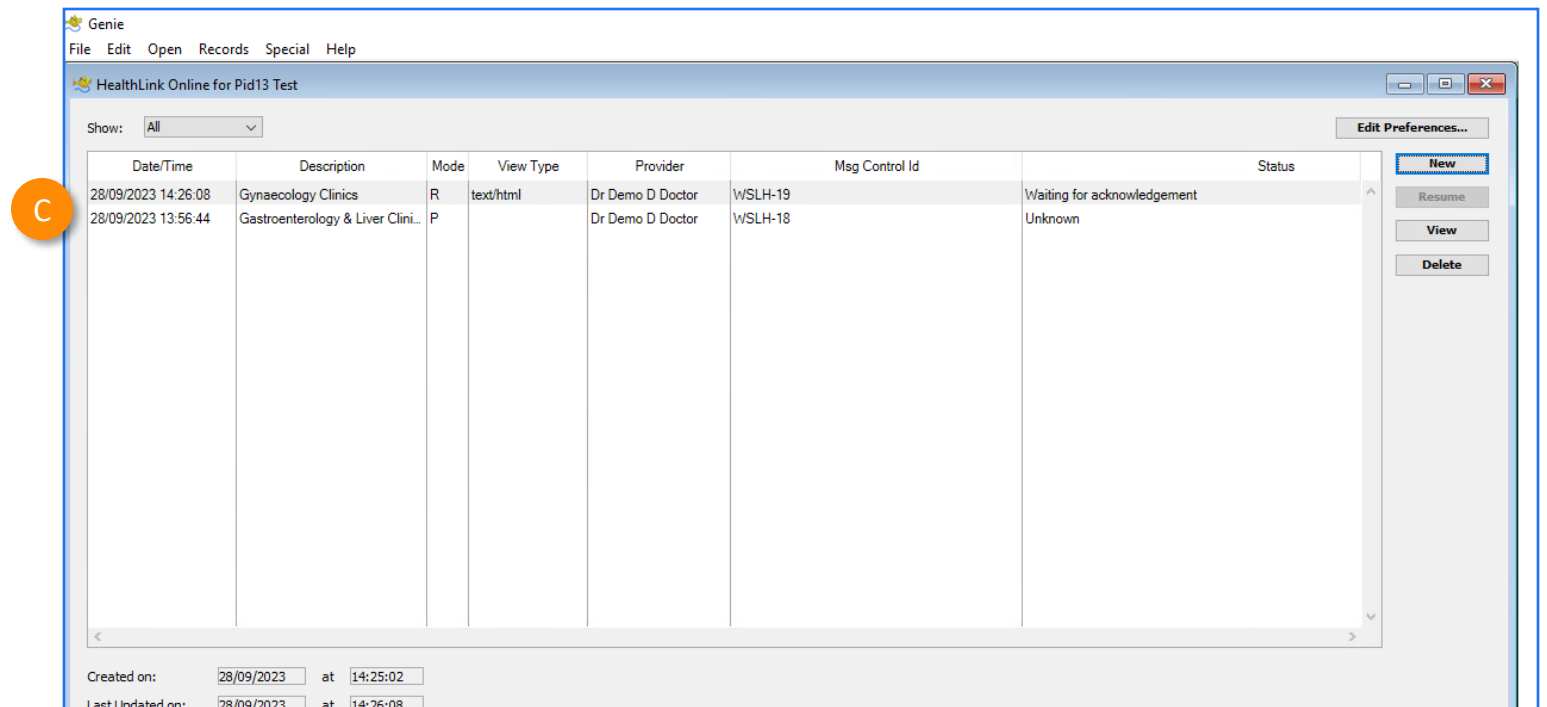
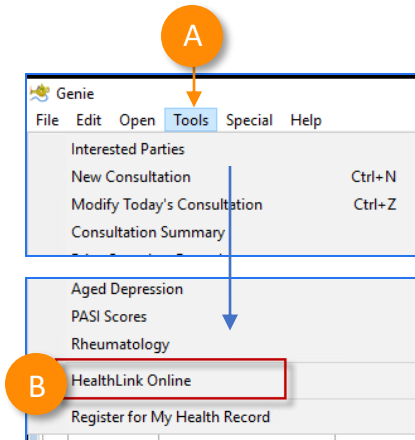
B **HealthLink Online**

C Once a form is **parked** or **saved** it will show in this screen. From here you can highlight and **resume** the form or view the form's **status**.

Submitted forms also show in this window.

Unknown indicates that the message has not been submitted.

Note: when returning to a parked or auto-saved form, due to security policy, any previously added attachments will need to be re-added.



Step 6: Accessing submitted forms

A A copy of the submitted referral will go into the patients record under the purple Quill

Note: The only way to access the parked/autosaved or submitted form is from within the patient record.

B From here you can highlight the submitted report to view it.

Note: this area only shows the SmartForms that have been submitted.

Genie

File Edit Open Tools Special Help

Pid13 Test (1/01/1991) 123 Test Street Woonona 2517 (H: 02 12345678) - Current User Dr Demo Doctor

06:11 32 yrs

Summary Notes Checklists/Script Archive Obstetric Hx Social

ALLERGIES PAST HISTORY

CDM Summary

1 HealthLink Online form

Date	Info	Title	Provider
28/09/2023		Gastroenterology & Liver Clinics [P]	Dr Demo Doctor

Reset

THIS IS A DISPLAY AREA ONLY.
Anything entered in this area will not be saved.

Genie

File Edit Open Tools Special Help

Pid13 Test (1/01/1991) 123 Test Street Woonona 2517 (H: 02 12345678) - Current User Dr Demo Doctor

02:50 32 yrs

Summary Notes Checklists/Script Archive Obstetric Hx Social

ALLERGIES PAST HISTORY

CDM Summary

2 HealthLink Online forms

Date	Info	Title	Provider
28/09/2023		Gastroenterology & Liver Clinics [P]	Dr Demo Doctor
28/09/2023	text/html	Gynaecology Clinics [R]	Dr Demo Doctor

Reset

Form sent on 16/07/2025 10:37 Australia/Sydney

Assessment Summary

Report has been forwarded to Transport for NSW for processing.
For any enquires please contact Service NSW on 132213

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Assessment Statement

This assessment has been completed in accordance with 'Assessing Fitness to Drive'. The standards can be viewed at <https://www.austroroads.gov.au>

Privacy Statement

Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsons Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies. If your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or rideshare service providers under the Passenger Transport Act 2014 (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

NSW Fitness to Drive Medical Assessment - Transport for NSW

Patient available for appointment at short notice? No

Technical Support

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

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