

MEDICAL CERTIFICATE

GUIDELINES FOR COMPLETING FORM

Applications for an exemption to use the Gawler 495 On-Demand Bus Service (formerly the Gawler Dial-A-Ride) must be supported by a medical certificate. Each section of this application must be completed.

- A **Medical Practitioner** must be a person with a medical qualification—a General Practitioner (GP)

Applicant must:

- **make an appointment with a doctor of his/her choice;**
- **complete Section 1 on this page prior to the medical examination;**
- **bring spectacles, hearing aids, etc. to the examination**

SECTION 1—APPLICANT TO COMPLETE:

Please answer all questions. If you are not sure, clarify with the doctor who will ask you additional questions during the examination. Include details on a separate sheet if necessary.

Is this your first application?

Yes

No

(Please Print Answers)

Surname: Mr/Mrs/Miss/Ms _____

Given Names: _____

Residential Address: _____

Post Code: _____

Phone No.: (Home) (Work/Mobile) _____

Your country of birth: _____ **Date of birth:** ___/___/___

Your main language other than English spoken: _____

What are your reasons for applying for an Exemption to use the Gawler 495 On-Demand Bus Service?

Applicant's Declaration (in presence of health professional)

I _____
(print name)

- (a) certify that to the best of my knowledge the above information supplied by me is true and correct and undertake to advise the Public Transport Operations Division of any changes within 14 days;
- (b) declare that I am a resident of South Australia;
- (b) consent to Dr _____

releasing my medical information to the Public Transport Operations Division, in order to assess my medical eligibility for an exemption to use the Gawler 495 On-Demand Bus Service.

Signature _____

Date: ___/___/___

TO THE MEDICAL PRACTITIONER

This medical examination is required for an exemption to access the Gawler 495 On-Demand Bus Service based on the applicant having a medical condition or severe and permanent disabilities or mobility constraint **which limits their capacity to use the fully accessible Adelaide Metro public transport service operating in Gawler**. Eligibility focuses on an applicant's ability to travel based on a disability, mobility constraint or medical condition.

SECTION 2—MEDICAL EXAMINER TO COMPLETE

<p>1. Medical Diagnosis: Only a medical practitioner can provide a diagnosis</p>	<hr/> <hr/> <hr/> <hr/>						
<p>2. What is the applicants condition likely to do?</p>	<table border="0"><tr><td><input type="checkbox"/> Deteriorate</td><td><input type="checkbox"/> Stay the Same</td></tr><tr><td><input type="checkbox"/> Improve</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Over what time</td><td><input type="checkbox"/> frame? years</td></tr></table>	<input type="checkbox"/> Deteriorate	<input type="checkbox"/> Stay the Same	<input type="checkbox"/> Improve	<input type="checkbox"/> Unknown	<input type="checkbox"/> Over what time	<input type="checkbox"/> frame? years
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<input type="checkbox"/> Improve	<input type="checkbox"/> Unknown						
<input type="checkbox"/> Over what time	<input type="checkbox"/> frame? years						
<p>3. Is the applicant undergoing rehabilitation or likely to have a restorative procedure to improve their condition?</p>	<p>Yes (provide details) No</p> <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>						
<p>4. Can the applicant negotiate three steps of 350mm high?</p>	<table border="0"><tr><td><input type="checkbox"/> With assistance</td></tr><tr><td><input type="checkbox"/> Without Assistance</td></tr><tr><td><input type="checkbox"/> Never</td></tr></table>	<input type="checkbox"/> With assistance	<input type="checkbox"/> Without Assistance	<input type="checkbox"/> Never			
<input type="checkbox"/> With assistance							
<input type="checkbox"/> Without Assistance							
<input type="checkbox"/> Never							
<p>5. How far can the applicant walk without brief rests?</p>	<hr/> metres						
<p>6. Can the applicant use their arms to assist balance and safety when using public transport?</p>	<table border="0"><tr><td><input type="checkbox"/> Always</td></tr><tr><td><input type="checkbox"/> Never</td></tr></table>	<input type="checkbox"/> Always	<input type="checkbox"/> Never				
<input type="checkbox"/> Always							
<input type="checkbox"/> Never							
<p>7. Is the applicant permanently dependent on a wheelchair for all mobility?</p>	<table border="0"><tr><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> No</td></tr></table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/> Yes							
<input type="checkbox"/> No							
<p>8. Does the applicant current require use of a mobility aid, if so please indicate which aid is used?</p>	<hr/> <hr/> <hr/>						
<p>9. Does the applicant require use assistance of another person (excluding the driver) when travelling on public transport ?</p> <p>Yes (if yes, give details)</p>	<table border="0"><tr><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/></td></tr></table> <hr/> <hr/> <hr/>	<input type="checkbox"/> No	<input type="checkbox"/>				
<input type="checkbox"/> No							
<input type="checkbox"/>							
<p>10. Is the applicant legally blind as determined by the meaning of "permanent blindness" under the Social Security Act 1991 (Commonwealth)?</p> <p>Yes</p>	<table border="0"><tr><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/></td></tr></table> <hr/> <hr/> <hr/>	<input type="checkbox"/> No	<input type="checkbox"/>				
<input type="checkbox"/> No							
<input type="checkbox"/>							

11. Does the applicant have hearing loss or require the use of hearing aids?

Yes

No

12. Under what circumstances does the applicant's condition or disability prevent them from using public transport (eg changes to routes, different times of the day, unexpected delays etc)

13. Please list any other issues that impact on the person's ability/inability to use public transport with or without assistance?

14. In your opinion, is the applicant capable of using public transport services?

Yes

No

RELEVANT CLINICAL FINDINGS: (append additional pages if necessary)

MEDICAL PRACTITIONER DECLARATION

I certify that the information provided in this Section is complete and accurate

I have known the applicant for _____ years

Medical Practitioner Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____

Signature: _____

Date: _____

Please return this application, along with any relevant documentation to:

Department for Infrastructure and Transport
Manager, Public Transport Operations and Planning
GPO Box 1533
ADELAIDE SA 5001