SEQ OT
Driving Assessments

Optometrist / Ophthalmologist Report for Driving Assessment

Client Name: _____

Date of Birth: _____ **Assessment Date:**_____

PURPOSE OF THIS REPORT

The client has been referred for an OT driving assessment for a Queensland Class C licence. Please complete the visual assessment and provide your professional opinion on whether the client meets the current visual standards for private drivers, in line with Austroads fitness-to-drive guidelines and relevant professional standards.

1. VISUAL ACUITY

Uncorrected Visual Acuity

	Right Eye	Left Eye	Binocular
Visual Acuity	____ / ____	____ / ____	____ / ____

Corrected Visual Acuity

	Right Eye	Left Eye	Binocular
Visual Acuity	____ / ____	____ / ____	____ / ____

Comments

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2. VISUAL FIELDS

Please indicate whether the client demonstrates visual fields consistent with current private driver licensing standards. *(At least 110° of horizontal binocular visual field within 10° above and below the horizontal midline, with no significant central scotomas. - AustRoads)*

☐ Meets visual field requirements

☐ Does not meet visual field requirements

Visual Field Findings/Comments

Visual Field Report Attached

☐ Yes

☐ No

3. CONTRAST SENSITIVITY

Results/Comments:

4. OCULAR CONDITIONS

Please indicate any condition identified during assessment.

Condition	Present	Not Present
Cataract	☐	☐
Glaucoma	☐	☐
Macular Degeneration	☐	☐
Diabetic Retinopathy	☐	☐
Diplopia (Double Vision)	☐	☐
Strabismus	☐	☐
Hemianopia	☐	☐
Reduced Contrast Sensitivity	☐	☐
Other Visual Condition	☐	☐

If Other, Please Specify

5. FUNCTIONAL IMPACT ON DRIVING

Please outline any visual impairment, condition or finding that may impact safe driving performance.

6. AUSTROAD VISUAL STANDARDS FITNESS TO DRIVE DETERMINATION

Based on this assessment, does the client meet the current Austroads visual standards for a private Class C driver's licence?

☐ YES

☐ NO

☐ Further investigation, treatment, or specialist review is recommended before a final determination can be made

Practitioner Name: _____ **Practice:**_____

Contact Number: _____ **Email Address:**_____

RETURN OF REPORT

Please return the completed report to: nick@seqot.com.au

Privacy Notice: This report is requested solely for the purpose of assessing driving fitness and will be handled in accordance with applicable privacy legislation and professional record-keeping requirements.

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