



# Medical Specialist Assessment Report Form continued

## Part D - Specialist Report to be completed by Specialist Medical Practitioner

Name of Specialist Medical Practitioner

  

Speciality

Qualifications

AHPRA number

Practice address (PO box not accepted)

  

Postcode

Telephone number

Fax number

Specialist Medical Practitioner signature

Date

day

month

year

Further pages attached

**Specialist Opinion** (attached further pages if more space is required)

**Note:** Please refer to the relevant section of the national standard applied to commercial drivers (available on the website [www.austroads.com.au](http://www.austroads.com.au)) and frame your opinion in terms of the criteria detailed.

## Part E - Lodgement Details (This completed form can be returned to your closest office)

**By email:** Scan this form and email to [licensing@transport.nsw.gov.au](mailto:licensing@transport.nsw.gov.au)

**Sydney region:**

**By fax:** 02 9689 8813

**By mail:** Public Passenger Services  
Locked Bag 5310,  
Parramatta NSW 2124

**By hand:** Level 4,  
16 - 18 Wentworth Street  
Parramatta NSW 2150

**Enquiries:** 02 9689 8888

**Wollongong region:**

02 8265 6633

Transport for NSW  
PO Box 5215  
Wollongong NSW 2500

Level 5  
280 Keira Street  
Wollongong NSW 2500

02 8265 6600

**Newcastle region:**

02 4929 6288

Transport for NSW  
PO Box 871  
Newcastle NSW 2300

Ground Floor  
239 King Street  
Newcastle NSW 2300

02 4929 7006