MEDICAL DECLARATION FORM

DATE PREPARED: **Reviewed annually or as necessary.**

Please read the following carefully and ensure you understand fully before signing. Please do not hesitate to ask questions or seek clarification of anything of which you are unsure.

Drivers providing commercial passenger vehicle services must take reasonable care of the health and safety of themselves and others, including passengers or members of the public, that may be affected by their actions.

Drivers must cooperate with a Booking Service Provider with respect to any action that is taken to comply with requirements under the Act or regulations. This may include, but is not limited to, instruction, training or supervision and the implementation of systems or processes that relate to driver fatigue, competency and or medical fitness.

Under usual conditions placed on driver accreditation, drivers must notify Commercial Passenger Vehicles Victoria of changes in medical conditions that may affect their fitness to drive a commercial passenger vehicle and comply with any related conditions or restrictions.

As an accredited rideshare driver, you are required to provide notification to the manager of Sober Drivers Pty Ltd of any changes to your health. This includes but is not limited to minor unwellness or tiredness and any ongoing or medical conditions that may impact on your ability to safely drive taxi

Driver Medical Disclaimer Documentation

Driver Acknowledgement

I acknowledge that I have read and understood to requirements for notification to Sober Drivers Pty Ltd of any changes to my health or medical conditions that may affect my ability to drive.

I (_____) declare that I have no knowledge of any medical conditions which will affect my position and ability to conduct my role at Sober Drivers Pty Ltd

If any medical condition whether mentally or physically should arise, I will immediately inform management at Sober Drivers Pty Ltd.

Driver's Name: _____

Driver's DC: _____

Driver's Signature: _____Date**:** _____