



# MEDICAL CERTIFICATE

This medical certificate is to be completed where a student does not meet the distance criteria for subsidised school travel (i.e. resides within a 2.0 km radial distance from the high school or 1.6 km radial distance from primary school attended), but is claiming exemption on health grounds. The Ministry of Transport may require an independent medical assessment of you child's condition.

**TICK APPROPRIATE BOX BELOW.**

**New Application (attach application form)**       **Renewal Application**

**PART A: To be completed by Parent/Guardian**

Student's surname \_\_\_\_\_ Given name \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Parent/Guardian daytime phone no. \_\_\_\_\_

School \_\_\_\_\_ Class Year (K-12) \_\_\_\_\_

School address \_\_\_\_\_ Year 200 \_\_\_\_

Name of bus/train/ferry operator/s \_\_\_\_\_

**Parent/Guardian's name (please print)** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

ANY FEE CHARGED FOR THE EXAMINATION IS PAYABLE BY THE APPLICANT  
AND NOT THE MINISTRY OF TRANSPORT.

**PART B: To be completed by a registered medical practitioner.**

I, \_\_\_\_\_ (Provider No. \_\_\_\_\_)

of \_\_\_\_\_  
(address)

being a legally qualified and registered medical practitioner, certify that I have this day examined

\_\_\_\_\_  
(insert name of patient)

I certify that my examination disclosed that the student is suffering from

\_\_\_\_\_  
I further certify that I consider the student is medically unfit to walk to the school attended and will be unfit for a period of

\_\_\_\_\_  
Date \_\_\_\_\_ Signed \_\_\_\_\_

**RETURN THE COMPLETED APPLICATION FORM TO THE ADDRESS BELOW.**

Newcastle Office  
PO Box 871  
NEWCASTLE NSW 2300

MINISTRY OF TRANSPORT  
Parramatta Office  
Locked Bag 5085  
PARRAMATTA NSW 2124

Wollongong Office  
PO Box 5215  
WOLLONGONG NSW 2500