



Medical Examination Standards

For Disabled Driver's Licensing



OCCUPATIONAL HEALTH UNIT
Disease Control Division,
Ministry Of Health Malaysia,
Parcel E, Block E 10, Level 6,
Federal Government Administration Centre,
62590, Putrajaya.

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Occupational Health Unit
Disease Control Division
Ministry of Health Malaysia

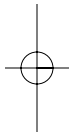
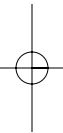
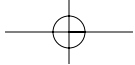


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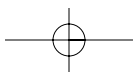


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PREFACE



Dato' Dr. Hasan bin Abdul Rahman
Director General of Health, Malaysia

I would like to take this opportunity to thank the Occupational Health Unit, Disease Control Division, Ministry of Health, Malaysia for embarking on this much needed project. The issue of non uniformity in the medical examination of disabled drivers has been highlighted many a time and thus it is timely for examination standards to be produced. People with disabilities may be issued driver's licenses based on their ability to perform basic functions.

The disabled have a growing need to be mobile in order to expand their earning capacity. This brings the need to have standards that govern the licensing process in order to ensure that the disabled are given a chance to drive whilst not endangering the rest of the road users.

These standards were developed with input from experts in the associated fields not withstanding the participation of the Social Welfare Department. Pain was taken to ensure that the standards serve to assist the disabled driver in procuring a driver's license if found to be competent enough to handle

a vehicle and to ensure appropriate modification of the vehicles is carried out by registered dealers. Each disabled person will be assessed based on their individual abilities and needs in relation to the proposed vehicle to be used. This will reduce the need for unaccepted vehicle modifications that may not meet prescribed safety standards. The Ministry of Health, Malaysia strives to facilitate disabled drivers by ensuring the provision of medical assessment is available in Ministry of Health facilities around the country.

A handwritten signature in black ink, consisting of a large, stylized loop followed by several horizontal strokes.

Dato' Dr. Hasan bin Abdul Rahman
Director General of Health, Malaysia

PARTICIPANTS OF MEDICAL EXAMINATION STANDARDS FOR DISABLED DRIVER'S LICENSING**Advisor**

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Secretary

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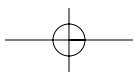
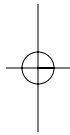
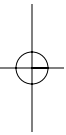
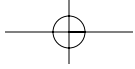
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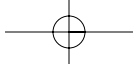
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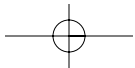
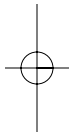
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Dr. Zulkiflee bin Osman	Head Department of Orthopaedics Hospital Kuala Lumpur
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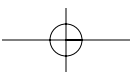
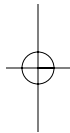
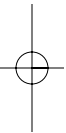
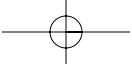
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MEDICAL EXAMINATION STANDARDS





MEDICAL EXAMINATION STANDARDS

Definition

“Persons with Disabilities” according to Persons With Disabilities 2008 (Act 685) include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society.

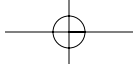
Examination standards are to be used to determine the fitness level of the applicants. Any applicant not fulfilling the criteria stated will be considered as unfit to apply for a driving license.

Chapter 1		Medical Requirement For Visual Disorders
Condition	Medical Standard	
1.1 VISUAL IMPAIRMENT	<p>License may be granted if visual acuity is better than 6/18 in one eye (i.e. 6/15, 6/12, 6/9, 6/6 or better) with or without glasses or contact lenses.</p> <p>Person with complete loss of vision in one eye may drive if visual acuity and visual field in the remaining eye meets the required standard.</p> <p>Test required:</p> <p>Visual acuity test done at 6 meters, using standard Snellen's Chart either number, alphabet, or illiterate E Chart. Test one eye at a time.</p>	
1.2 VISUAL FIELD DEFECTS	<p>License may be granted if the binocular visual field has an extent of at least 120° along the horizontal meridian and 20° above and below the horizontal midline.</p> <p>Test required:</p> <p>Visual fields may be initially screened by confrontation test. Applicants who fail confrontation test need to be referred to eye clinic for automated perimetry with Goldmann Standard using Binocular Vision Function Test and with both eyes open.</p>	
1.3 DIPLOPIA (Double Vision)	<p>License may be granted if no diplopia at primary position. Any person with reported double vision should be referred to an Ophthalmologist or Optometrist for further assessment.</p>	

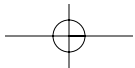
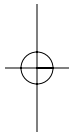
Chapter 2		Medical Requirement For Neurological Disorders
Condition	Medical Standard	
2.1 EPILEPSY	Free of epileptic attacks (including nocturnal attacks) for at least 2 years with or without medication and review after 5 years.	
2.2 FIRST EPILEPTIC SEIZURE / SOLITARY FIT	<p>License may be granted after taking into account specialist's opinion, size and condition of the vehicle, duties to be performed and hours of worked (with conditions including limited and/or restricted use):</p> <ul style="list-style-type: none"> • Person has had a single provoked seizure event; and • Provocative factors can be avoided reliably; and • Seizure free for 1 year; and • Does not take anti-epileptic medication; and • EEG shows no epileptiform activity 	
2.3 LOSS OF CONSCIOUSNESS (LOC) DUE TO SIMPLE FAINT	Needs opinion from a physician whether the condition will cause LOC or loss of ability to control a vehicle.	
LOSS OF CONSCIOUSNESS DUE TO UNEXPLAINED SYNCOPE AND <u>LOW RISK</u> OF RECURRENCE	<p>Suggested 6 months waiting period lapse from the time of the episode and complete neurological examination.</p> <p>License may be granted if the result is negative and no medication is required to control the condition.</p>	
2.4 LOSS OF CONSCIOUSNESS DUE TO UNEXPLAINED SYNCOPE AND HIGH RISK OF RECURRENCE:	<p>Note: Certification should be done by a physician</p> <p>Certification should be deferred for at least 6 months until the driver has fully recovered from that condition and has no existing residual complications and not taking medication to control the condition.</p>	
<ul style="list-style-type: none"> • Abnormal ECG • Structural heart disease • Syncope cause injury • More than 1 episode in previous 6 months • Neurocutaneous sign • Abnormal cardiac findings • Known medical conditions 		
2.5 CHRONIC NEUROLOGICAL DISORDERS (e.g. Parkinson's disease)	<p>License may be granted after taking into account:</p> <ul style="list-style-type: none"> • Response to treatment. • Annual driver tester report. • Modification to the vehicle if necessary by Rehabilitation Physician or Occupational Therapist. • All progressive conditions are to be referred to the neurologist or rehabilitation physician for assessment once in two (2) years. 	

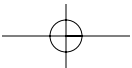
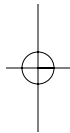
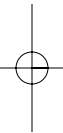
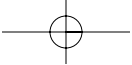
Condition	Medical Standard
2.6 LIABILITY TO SUDDEN ATTACKS OF DISABLING GIDDINESS AND FAINTING	<p>If condition is sudden and disabling, not qualified for licensing.</p> <p>If symptom free and controlled for at least one year, may be considered.</p>
2.7 CENTRAL NERVOUS SYSTEM INFECTIONS	<p>1) During acute illness, must stop driving:</p> <ul style="list-style-type: none"> • For meningitis - 5 years without medication. • For encephalitis - 10 years without medication. <p>2) If seizure occurs during or after convalescence - must stop driving. License may be granted if 10 years free of attack without medication and do not cause danger whilst driving. Also depends on the residual physical disability as assessed by a Neurologist or Psychiatrist.</p>
2.8 DISORDERS OF THE SPINAL CORD AND PERIPHERAL NERVOUS SYSTEM (e.g. Peripheral Neuropathy, Cervical Spondylosis)	<p>License may be granted after taking into account:</p> <ul style="list-style-type: none"> • Response to treatment. • Annual driver tester report. • Modification to the vehicle if necessary if necessary by rehabilitation physician or occupational therapist.
2.9 SERIOUS CRANIOSPINAL INJURIES (Operated Intracerebral Hematoma or Compound Depressed Fracture or Dural Tear with more than 24 hours Post-Traumatic Amnesia)	<p>Not qualified for licensing until cleared by relevant specialist.</p>
2.10 NON TRAUMATIC CRANIOSPINAL HAEMORRHAGE (e.g. Subarachnoid Haemorrhage)	<p>Not qualified for licensing until cleared by relevant specialist.</p>
2.11 CEREBRAL PALSY	<p>Not qualified for licensing unless cleared by relevant specialist.</p>

Chapter 3		Medical Requirement For Musculoskeletal Disorders
Condition	Medical Standard	
3.1 MUSCULOSKELETAL DISORDERS	<p>Not qualified for licensing if:</p> <ol style="list-style-type: none"> 1. If rotation of the cervical spine is chronically restricted to less than 45° to the left or right; or 2. If chronic pain and restriction of peripheral joint movements interfere with the relevant movements or concentration such that a vehicle cannot be operated safely; or 3. If there is ankylosis or chronic loss of joint movements of sufficient severity that control of vehicle is not safe. <p>License may be granted following assessment by Orthopaedic Surgeon, Rehabilitation Physician, Rheumatologist and Occupational Therapist (OT) taking into account the nature of the driving task and subject to OT's assessment and modification.</p>	



MEDICAL EXAMINATION FORMAT





Serial no:

PEMERIKSAAN KESIHATAN
PERMOHONAN LESEN MEMANDU ORANG KURANG UPAYA
MEDICAL EXAMINATION FOR THE APPLICATION OF DRIVING LICENCE FOR THE DISABLED

Bahagian I: Maklumat Pemohon (Diisi oleh Pemohon)
Part I: Applicant's Information (To be filled by the applicant)

Nota: Jika sedang mendapat rawatan untuk sebarang masalah kesihatan, sila lampirkan surat/laporan daripada doktor yang merawat.
Note: If on treatment for any medical conditions please attach medical report from the attending doctor.

Nama Pemohon: <i>Applicant's Name:</i>		Tarikh Pemeriksaan: <i>Date of Examination:</i>	
Alamat: <i>Address:</i>			
No. Kad Pengenalan: <i>NRIC No.:</i>	<input style="width: 100%; height: 15px;" type="text"/>		No. Pendaftaran OKU (jika ada) <i>Disable Person's Register No. (if applicable)</i>
		<input style="width: 100%; height: 15px;" type="text"/>	
No. Kad Pengenalan Tentera/Polis (jika berkaitan): <i>Police / Army ID No. (if relevant):</i>			
<input style="width: 100%; height: 15px;" type="text"/>			
No. Pasport (jika berkaitan): <i>Passport No. (if relevant):</i>			
<input style="width: 100%; height: 15px;" type="text"/>			
Jantina: <i>Sex:</i>	<input type="checkbox"/> Lelaki <i>Male</i>	<input type="checkbox"/> Perempuan <i>Female</i>	
Tarikh Lahir: <i>D.O.B.:</i>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Hari <i>Day</i>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Bulan <i>Month</i>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Tahun <i>Year</i>
No. Telefon: <i>Contact No.:</i>	Rumah: <i>House:</i>	<input style="width: 100%; height: 15px;" type="text"/>	
	Bimbit : <i>Mobile:</i>	<input style="width: 100%; height: 15px;" type="text"/>	
JENIS KURANG UPAYA (<i>TYPE OF DISABILITY</i>):			
Nyatakan :			
<i>Specify</i>			
KELAS LESEN (<i>CLASS OF LICENCE</i>):			
<input type="checkbox"/> Kereta <i>Car</i>	<input type="checkbox"/> Motosikal <i>Motorcycle</i>	<input type="checkbox"/> Kereta dan Motosikal <i>Car and Motorcycle</i>	<input type="checkbox"/> Lain-lain (Nyatakan): <i>Others (Specify) :</i>
Nota : <i>Note :</i>			
1) Borang ini perlu dibawa bersama jika dirujuk kepada pakar <i>This form should be brought by applicant if referred to specialist</i>			
2) Hanya pengesahan (bahagian v) perlu dikemukakan kepada Jabatan Pengangkutan Jalan <i>Only certification (part v) should be submitted to the Department of Road Transport</i>			
3) Untuk permohonan lesen memandu kenderaan berat, pemeriksaan akan dilakukan berdasarkan individu dan mematuhi standard yang sesuai <i>For applications of heavy vehicle licenses, assessment will be done on an individual basis and subject to appropriate standards.</i>			

Bahagian II: Sejarah Kesihatan (Diisi oleh Pengamal Perubatan)
Part II: Medical History (To be filled by examining doctor)

Masalah Perubatan / Penyakit / Diagnosa Semasa:
Present Medical Problem / Illness / Known Diagnosis:

Sejarah Kesihatan Lain:
Other Medical History:

Diabetes / *Diabetes*

Sawan / *Epilepsy*

Asma / *Asthma*

Penyakit Jantung / *Ischaemic Heart Disease*

Lain-lain / *Others:*.....

Sejarah Rawatan Dan Senarai Ubatan Yang Sedang Digunakan:
Treatment History And List Of Medication Currently Being Used:

Bahagian III: Pemeriksaan Kesihatan (Diisi oleh Pengamal Perubatan)

Part III: Medical Examination (To be filled by examining doctor)

A. Pemeriksaan Umum (General Examination)															
Kadar nadi <i>Pulse rate</i>		Tekanan darah <i>Blood pressure</i>													
B. Pemeriksaan Fungsi Penglihatan (Visual Function Assessment)															
<p>Tahap penglihatan (Dengan kaca mata / kanta sentuh sekiranya memakai kaca mata / kanta sentuh) Berdasarkan Carta Snellen sama ada carta nombor, abjad atau carta E pada jarak 6 meter</p> <p>Visual Acuity (with glasses/contact lenses if wearing them) Based on Snellen's Chart whether numerical, alphabetical or E chart at a distance of 6 metres</p> <table border="1"> <thead> <tr> <th>Mata Kanan (Right eye)</th> <th>Mata Kiri (Left eye)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>				Mata Kanan (Right eye)	Mata Kiri (Left eye)										
Mata Kanan (Right eye)	Mata Kiri (Left eye)														
<p>Medan Penglihatan (Visual Field by Confrontation Test)</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> → Rujuk Pakar Oftalmologi Normal Abnormal Refer to Ophthalmologist</p>															
<p>Nampak dua bila memandang ke depan (Diplopia when looking straight)</p> <p><input type="checkbox"/> Tidak <input type="checkbox"/> Ya No Yes → Rujuk Pakar Oftalmologi/Optomestrist Refer to Ophthalmologist/Optomestrist</p>															
<p>Maklumbalas dari Pakar Oftalmologi <i>Feedback from Ophthalmologist</i></p> <table border="1"> <thead> <tr> <th></th> <th>Keputusan <i>Findings</i></th> <th>Ulasan <i>Remarks</i></th> </tr> </thead> <tbody> <tr> <td>Tahap Penglihatan <i>Visual Acuity</i></td> <td></td> <td></td> </tr> <tr> <td>Medan Penglihatan <i>Visual Fields</i></td> <td></td> <td></td> </tr> <tr> <td>Diplopia</td> <td></td> <td></td> </tr> </tbody> </table>					Keputusan <i>Findings</i>	Ulasan <i>Remarks</i>	Tahap Penglihatan <i>Visual Acuity</i>			Medan Penglihatan <i>Visual Fields</i>			Diplopia		
	Keputusan <i>Findings</i>	Ulasan <i>Remarks</i>													
Tahap Penglihatan <i>Visual Acuity</i>															
Medan Penglihatan <i>Visual Fields</i>															
Diplopia															

C. Neurologi (Neurology)			
BAHAGIAN SEJARAH PERUBATAN MEDICAL HISTORY SECTION			
1. Mengalami jenis epilepsi / sawan? <i>Had any epilepsy or fits?</i>	Ya Yes <input type="checkbox"/>	Tidak No <input type="checkbox"/>	Catatan Remarks
a) Sekiranya "Ya", sila nyatakan tarikh serangan terakhir: <i>If "Yes", please specify the date of the last attack:</i>			<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="B"/> <input type="text" value="B"/> <input type="text" value="T"/> <input type="text" value="T"/>
*Nota: Sila rujuk doktor yang merawat. <i>*Note: Please refer to examining doctor.</i>			
2. Mempunyai sejarah / tanda / gejala untuk masalah seperti tersenarai di bawah: <i>Having history / signs / symptoms for conditions listed below:</i>	Ya Yes	Tidak No	Catatan Remarks
a) Pernah mangalami masalah pitam atau pengsan?*	<input type="checkbox"/>	<input type="checkbox"/>	
b) Penyakit / kecederaan kepada Sistem Saraf Pusat ?*	<input type="checkbox"/>	<input type="checkbox"/>	
c) Penyakit / kecederaan kepada Sistem Saraf Periferi ?*	<input type="checkbox"/>	<input type="checkbox"/>	
d) Cerebral Palsy?*	<input type="checkbox"/>	<input type="checkbox"/>	
e) Serangan Pening / Vertigo / Pusing-pusing yang tiba-tiba dan menghilangkan keupayaan?*	<input type="checkbox"/>	<input type="checkbox"/>	
Note: Jika mana-mana jawapan bagi soalan no.2 adalah 'Ya' atau jika pemohon pernah mengalami kecederaan di kepala atau doktor mensyaki masalah kognitif, pemeriksaan fungsi kognitif (no.1) perlu dijalankan. <i>If any of the answers to question no.2 is 'Yes' or if the applicant has suffered head injury or the doctor suspect any cognitive problems, cognitive function test (no.1) should be carried out.</i>			

BAHAGIAN PEMERIKSAAN PERUBATAN MEDICAL EXAMINATION SECTION		
1. Fungsi Kognitif Cognitive Function	Markah Ya = 1, Tidak = 0 Score Yes =1, No = 0	
Ingatan Memory	Markah Score	Catatan Remarks
a) Boleh mengingati nombor-nombor yang disebut. <i>Able to remember numbers</i>		
b) Tahu umur <i>Knows his / her age</i>		
c) Boleh mengingati tarikh / tahun dilahirkan <i>Able to remember date / year of birth</i>		
d) Persepsi <i>Perception</i>		
Kesedaran Orientation	Markah Score	Catatan Remarks
e) Sedar hari pemeriksaan dijalankan <i>Able to identify day of examination</i>		
f) Sedar bulan pemeriksaan dijalankan <i>Able to identify month of examination</i>		
g) Sedar tahun pemeriksaan dijalankan <i>Able to identify year of examination</i>		
h) Sedar di mana dia berada <i>Aware of location</i>		
i) Tahu pekerjaan yang dilakukan <i>Knows his/her profession</i>		
Daya ingatan Memory recall	Markah Score	Catatan Remarks
j) Kebolehan mengingat semula nombor yang disebut pada awal pemeriksaan <i>Ability to recall the earlier mentioned number</i>		
Jumlah Markah <i>Total Score</i>		
Pemarkahan Score 0-4 Berkemungkinan Demantia <i>Probable Dementia</i> 5-6 Pertengahan <i>Borderline</i> >7 Normal <i>Normal</i>		
Bagi mereka yang mendapat markah 5 atau kurang, mereka hendaklah dirujuk kepada pakar psikiatrik untuk pemeriksaan lanjut. All those score of 5 or less to be referred to psychiatrist for further assessment. Catatan : Remarks:		

2. Anggota atas <i>Upper limb</i>		KANAN <i>RIGHT</i>		KIRI <i>LEFT</i>	
a) Tona <i>Tone</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	
b) Kekuatan <i>Power</i>					
i) Bahu <i>Shoulder</i>		/5		/5	
ii) Siku <i>Elbow</i>		/5		/5	
iii) Pergelangan tangan <i>Wrist</i>		/5		/5	
c) Deria sentuh <i>Sensory</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	
d) Refleks <i>Reflexes</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	
K) Propriosepsi <i>Proprioception</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	
3. Anggota bawah <i>Lower limb</i>		KANAN <i>RIGHT</i>		KIRI <i>LEFT</i>	
a) Tona <i>Tone</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	
b) Kekuatan <i>Power</i>					
i) Pinggul <i>Hip</i>		/5		/5	
ii) Lutut <i>Knee</i>		/5		/5	
iii) Buku lali <i>Ankle</i>		/5		/5	
c) Deria sentuh <i>Sensory</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	<input type="checkbox"/> Normal <i>Normal</i>	<input type="checkbox"/> Abnormal <i>Abnormal</i>	
d) Refleks <i>Reflexes</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	
e) Propriosepsi <i>Proprioception</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	<input type="checkbox"/> Ada <i>Present</i>	<input type="checkbox"/> Tiada <i>Absent</i>	
4. Catatan <i>Remarks</i>					
<p>*Nota: Jika mempunyai tanda-tanda seperti di atas, sila rujuk pakar rehab / juru terapi carakerja. *Note: If any symptoms and signs are present as above please refer to the rehab physician / occupational therapist.</p> <p>Ulasan Pakar <i>Specialist Review</i></p>					

D. Ortopedik (Orthopaedic)

Sistem Muskuloskeletal :
Muskuloskeletal system:

Normal
Normal

Abnormal, nyatakan:
Abnormal, specify:

a) Bagian anggota atas (Upper limbs)

i) Paras amputasi
Amputation level

ii) Kecacatan
Deformity

iii) Lain-lain
Other

b) Bagian anggota bawah (Lower limbs)

i) Paras amputasi
Amputation level

ii) Kecacatan
Deformity

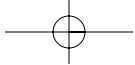
iii) Lain-lain
Other

c) Tulang tengkok.....
Cervical spine

d) Tulang belakang torakolumbar
Thoracolumbar spine

Nota : Jika abnormal, rujuk pegawai pemulihan carakerja
Note : If abnormal, refer to occupational therapist

***Ulasan Pakar Ortopedik / Pakar Relabilitasi**
***Orthopaedician's review / Rehabilitation Physician's review :**

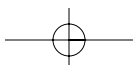


Bahagian IV: Ulasan Pakar / Pegawai Perubatan (Diisi oleh Pengamal Perubatan)
Part IV: Specialist / Medical Practitioner's Review (To be filled by examining doctor)

Ulasan Pakar / Pegawai Perubatan
Specialist / Medical Practitioner's Review

Tarikh :
Date:

.....
Nama
(Name)
Tandatangan dan cop rasmi
(Signature and official stamp)



Bahagian V: Pengesahan Kelayakan

Part V: Certification of fitness

Pengesahan kelayakan (Pegawai Perubatan yang memeriksa)
Certification of fitness (to be completed by the attending medical practitioner)

Saya dengan ini mengesahkan bahawa saya telah memeriksa pemohon bernama _____
yang mempunyai No.K/P : _____ dan mendapati pemohon ini adalah:

*I hereby declare that I have examined the applicant named _____
with NIRC : _____ and certify he/she is :*

- Layak untuk memohon lesen memandu.
Fit to apply for driving license.
- Tidak layak untuk memohon lesen memandu sehingga penilaian semula.
Unfit to apply for driving license pending further review.
- Layak untuk memohon lesen memandu dengan cadangan modifikasi seperti di lampiran.
Fit to apply for driving license with modification suggestions as per attachment.
- Tidak layak untuk memohon lesen memandu.
Unfit to apply for driving license.

Tarikh :
Date :

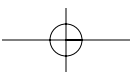
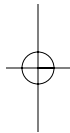
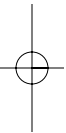
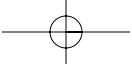
Nama :
Name :

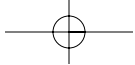
Tandatangan dan cop rasmi :
Signature and official stamp :

Tandatangan :
Signature :

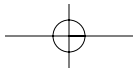
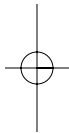
Nama Pegawai Perubatan :
Name of Medical Officer :

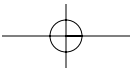
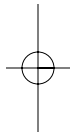
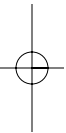
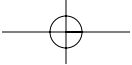
Tarikh Pengesahan :
Date of Confirmation :





GUIDELINES FOR MEDICAL EXAMINATION





GUIDELINES FOR MEDICAL EXAMINATION

Introduction

Medical examinations for the application of driving licenses for disabled drivers is a necessary requirement to ensure the ability of the disabled person to physically handle a vehicle and make appropriate decisions while riding or driving. Various formats are being used around the country thus creating inconsistencies in the approval to apply for driving licenses. As such the Ministry of Health has developed a medical examination format in order to standardize the process of application of driver's licenses for disabled drivers in the country.

Objective

The objective of this format is to :

- Ensure the standardization of medical examinations being conducted by the government doctors for the application of drivers license by the disabled.
- To develop standards to be used in the determination of the fitness of the applicants to apply for a drivers license.

Medical Examination

1. Who conducts the medical examinations?

- Government Doctors
 - Out patient Doctors
 - Rehabilitation Specialists
 - Specialists

2. Place of examination

- Government Clinics
- Government Hospitals

Medical Examination Format

Part 1 : Applicants Information

This section describes the socio demographic details of the applicant and is to be completed by the applicant.

The section includes:

- i. Name of the applicant
- ii. Address
- iii. Identification card number
- iv. Date of birth
- v. Gender
- vi. Contact information
- vii. Type of disability
- viii. Class of license applied

Part 2: Medical History

Medical history is to be completed by the examining doctor.

Part 3: Medical examination

- i. Vision
 - Visual acuity is to be tested using Snellens Chart
 - Visual field tested using the Confrontation Method
- ii. Neurological System
This includes:
 - History of epilepsy
 - Symptoms of neurological disorders
 - Cognitive Functions
 - Examination of the Musculoskeletal System

Part 4: Specialists Review

Applicant is to bring the form along for the specialists review. The specialist's comments and recommendations are documented.

Part 5 : Certification of fitness

Certification of fitness is to be completed by the examining doctor and indicates the ability of the applicant to apply for a vocational driving license. Only the certification of fitness (Part V of the form) should be given to the applicant for submission to Road Transport Department (RTD).

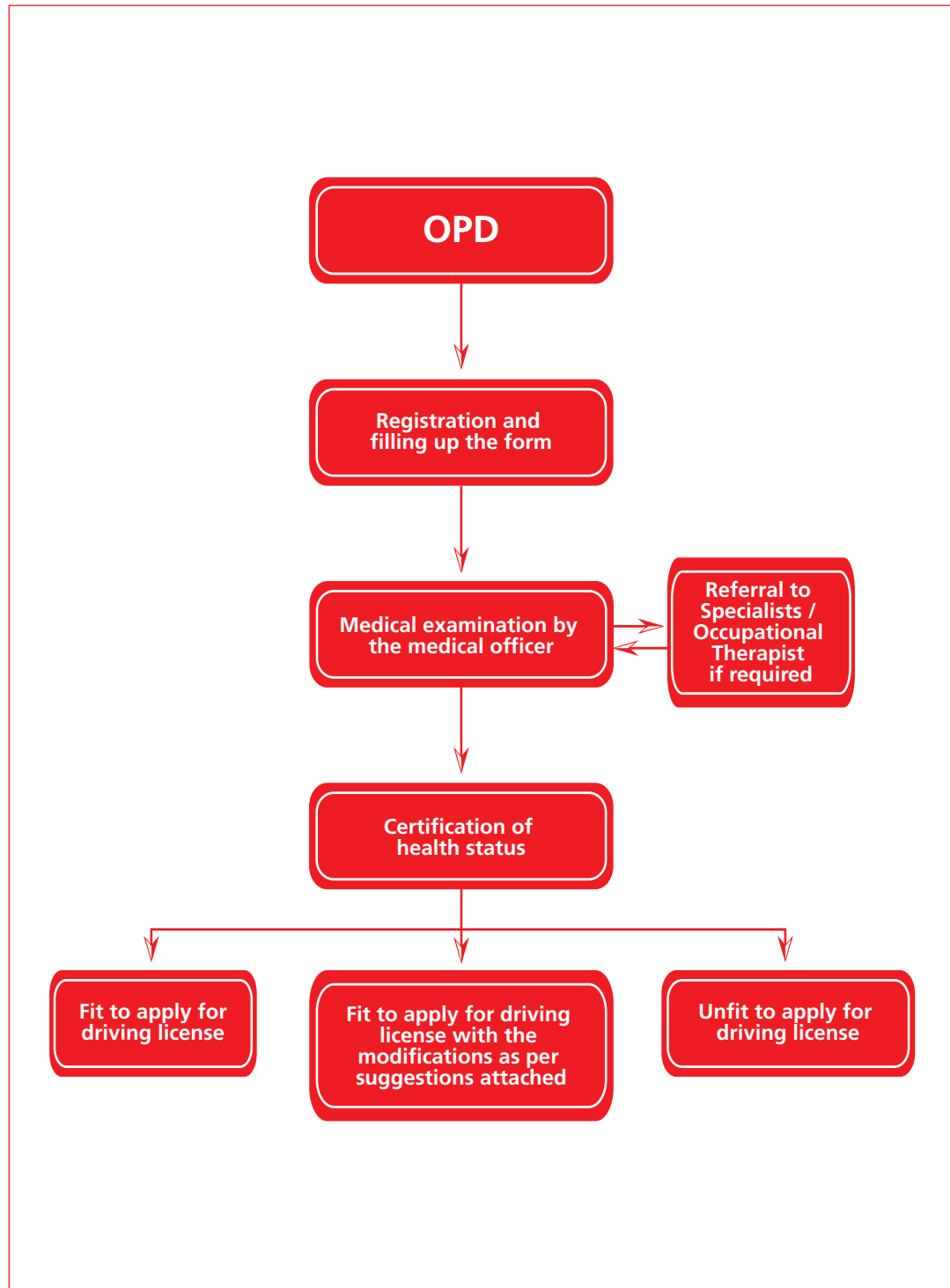
Confidentiality

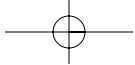
- a. All information obtained from the medical examination is confidential and may not be divulged to anyone without the permission of the applicant.
- b. All data of the medical examination will be retained by the clinic where the examination was conducted.

Additional notes :

1. Those with hearing impairment and deafness are allowed to apply for driving license for personal use.
2. According to the Road Transport Act 1987, it is the responsibility of a disabled person to report his/her disability to the authorities for licensing purposes. Enforcement officers, police or medical practitioners may voluntarily report new cases of disability to the Road Transport Department.

Process Flow Of The Medical Examination





REFERENCES

1. For Medical Practitioners at a Glance Guide to the Current Medical Standards of Fitness to Drive. DVLA, Swansea, United Kingdom.
2. Accessing fitness to drive - for commercials and private vehicle drivers. Medical Standards for Licensing and Clinical Management Guideline. Australian Transport Council and ADLA.
3. Medical Factsheet for Driving. Land Transport, New Zealand.

