



# Application for medical assessment to obtain a car or car parts GST-free

Medibank Health Solutions will use the information on this application to assess whether the applicant meets the medical criteria to obtain a car or car parts GST-free under GST law. In some instances, a medical examination by a Medibank Health Solutions doctor may be necessary.

## ASSESSMENT COSTS

A payment to cover assessment costs must be made to Medibank Health Solutions. This amount changes periodically. To find out the current amount, phone Medibank Health Solutions on **1300 361 046**.

## HOW TO COMPLETE THIS APPLICATION

- Ensure all pages of this application are completed.
  - You must complete section A.
  - Your examining doctor must complete section B.
- Print clearly in BLOCK LETTERS using a black or blue pen.
- If you need more space, provide your information on a separate sheet, clearly marked with the applicable question number.

## WHERE TO SEND YOUR APPLICATION

After completing your application, post it, along with any relevant medical information, to:

**Medibank Health Solutions**  
**GPO Box 9821**  
**Your capital city**

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## Section A: Applicant's details

To be completed by the applicant

### 1 Personal details

#### Your name

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name

#### Your home address

Suburb/town

State/territory

Postcode

#### Your phone number

### 2 Purpose of application

GST exemption required for:

a car

car replacement parts  Provide details below


### 3 Previous exemptions

Have you previously applied for exemption from sales tax or GST on:

Car

No

Yes  Provide the following information

Name of car dealership

Approximate date of application(s)

Day                      Month                      Year  
 /  /

Car replacement parts

No

Yes  Provide the following information

Name of place from which the car parts were purchased

Approximate date of application(s)

Day                      Month                      Year  
 /  /

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## Declaration

Before you sign this application, check you have completed it correctly. Penalties may be imposed for giving false or misleading information.

*I declare that the information I have provided in this application is true and correct, and the car or car parts for which this application is made is for my personal transportation to or from gainful employment.*

Signature of applicant

Date

Day                      Month                      Year  
 /  /

## Section B: Medical report on applicant

### To be completed by examining doctor

Under GST law, a supply of a car (or car parts) is GST-free where it is for use by an eligible disabled person for their personal transportation to or from gainful employment.

**Eligible disabled person** means a person who has a current disability certificate issued by the Managing Director of Medibank Health Solutions or a Medibank Health Solutions officer authorised by the Managing Director. The disability certificate must certify that the person has lost the use of one or more limbs (upper or lower) to such an extent that they are unable to use public transport (that is, buses or trains but not taxis) for the next two years.

### How to complete this application

- Print clearly in BLOCK LETTERS using a black or blue pen.
- Place  in ALL applicable boxes.
- If you need more space, provide your information on a separate sheet, clearly marked with the applicable question number.

#### 4 Medical information

I,   
(name of doctor)

declare that I have examined the applicant,

of  
(applicant name)

(applicant's address)

whose signature appears below.

**Applicant signature** – To be signed in the presence of the doctor by the person being examined

I submit the following information to assist in determining whether the applicant is medically eligible within the terms of the legislation.

**A** Age  Height  cm Weight  kg

**B** Diagnosis and clinical description of any upper and/or lower limb


**C** Details of any other disabilities


**D** In my opinion, the disability/ies mentioned in 'B':

- has/have existed for about  years
- is  / is not  permanent.

## 5 Physical examination

Describe your clinical findings on examination of the upper and lower limbs.


## 6 Functional aspects

Provide a description of how the above disabilities affect the patient's functional capacities.

**A** Can the patient walk 400 metres? No  Yes  How often? Twice daily  More often

**B** Can the patient hold or grasp a hand rail? No  Yes

**C** Can the patient negotiate stairs with a handrail? No  Yes

**D** Can the patient negotiate stairs without a handrail? No  Yes

**E** Can the patient negotiate 5–10 stairs? No  Yes

**F** Can the patient maintain a standing posture? No  Yes

**G** Can the patient maintain a standing posture in a moving vehicle? No  Yes

**H** Can the patient use public transport (train or bus)? No  How do the above disabilities prevent the use of public transport (bus or train)? Yes


What is the nature of the patient's paid employment and how has their disability been accommodated to allow them to perform their employment duties?


## 7 Examining doctor's details

Address


Suburb/town

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State/territory

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Postcode

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Contact phone number

Date of examination  /  /   
Day Month Year

Signature of examining doctor

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Date

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