

JME REQUEST FORM: JME PROTOCOLS

Submitting this form

Email your completed form to jmerequests@tac.vic.gov.au

Important notes

This form is to be used by lawyers requesting a Joint Medical Examination (JME) on behalf of a client and the TAC under Part 3 of the *Transport Accident Act 1986* (TAA) and pursuant to the JME Protocols 2016.

Please consider whether bypassing the impairment assessment process in accordance with the Supplementary Common Law Protocol would better serve the client's interest, particularly in fast-tracking their serious injury application or common law claim. For example, the client has a clear serious injury and you have information that indicates another party is at fault.

Please complete this form identifying the JME(s) and provide any information and documents in support of your request.

Purpose of examination(s)

- ☐ Impairment and Serious Injury (dual purpose)
- ☐ Impairment assessment
- ☐ Serious injury assessment
- ☐ Common law
- ☐ No fault dispute (existing dispute)
- ☐ No fault (excluding impairment)

Client details

Client name

Claim number

Date of birth

 / /

Date of accident

 / /

Does the client have any other TAC claims?

- ☐ Yes ☐ No ☐ Not known

If more than one claim, please detail other TAC claim numbers (if known)

TAC claim number	Is this claim relevant to the JME request?
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client's lawyer

Firm name

Firm address

 Postcode

Practitioner

Reference number

Fax number

Phone number

Email address

Request type

Please select the request type:

- ☐ Existing solicitor arranged – Examination to be converted to JME(s)
- ☐ Joint TAC arranged – Examination to be converted to JME(s)

Appointment details

Exam 1

Part A	
Appointment details	
Appointment date	
Appointment time	
Examiner's full name	
Examiner's discipline	
Examiner's phone number	
Examiner's email address	
Examiner's address	
Examiner's postal address (if different to above)	
Booked through a Medico-legal provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B
Primary reason for examination
<input type="checkbox"/> Impairment and Serious Injury (dual purpose)
<input type="checkbox"/> Impairment assessment
<input type="checkbox"/> Serious injury assessment
<input type="checkbox"/> Common law
<input type="checkbox"/> No fault dispute (existing dispute)
<input type="checkbox"/> No fault (excluding impairment)

Exam 2

Part A	
Appointment details	
Appointment date	
Appointment time	
Examiner's full name	
Examiner's discipline	
Examiner's phone number	
Examiner's email address	
Examiner's address	
Examiner's postal address (if different to above)	
Booked through a Medico-legal provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B
Primary reason for examination
<input type="checkbox"/> Impairment and Serious Injury (dual purpose)
<input type="checkbox"/> Impairment assessment
<input type="checkbox"/> Serious injury assessment
<input type="checkbox"/> Common law
<input type="checkbox"/> No fault dispute (existing dispute)
<input type="checkbox"/> No fault (excluding impairment)

Exam 3

Part A	
Appointment details	
Appointment date	
Appointment time	
Examiner's full name	
Examiner's discipline	
Examiner's phone number	

Part B
Primary reason for examination
<input type="checkbox"/> Impairment and Serious Injury (dual purpose)
<input type="checkbox"/> Impairment assessment
<input type="checkbox"/> Serious injury assessment
<input type="checkbox"/> Common law
<input type="checkbox"/> No fault dispute (existing dispute)

Examiner's email address	
Examiner's address	
Examiner's postal address (if different to above)	
Booked through a Medico-legal provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> No fault (excluding impairment)
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Exam 4

Part A	
Appointment details	
Appointment date	
Appointment time	
Examiner's full name	
Examiner's discipline	
Examiner's phone number	
Examiner's email address	
Examiner's address	
Examiner's postal address (if different to above)	
Booked through a Medico-legal provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B
Primary reason for examination
<input type="checkbox"/> Impairment and Serious Injury (dual purpose)
<input type="checkbox"/> Impairment assessment
<input type="checkbox"/> Serious injury assessment
<input type="checkbox"/> Common law
<input type="checkbox"/> No fault dispute (existing dispute)
<input type="checkbox"/> No fault (excluding impairment)

Exam 5

Part A	
Appointment details	
Appointment date	
Appointment time	
Examiner's full name	
Examiner's discipline	
Examiner's phone number	
Examiner's email address	
Examiner's address	
Examiner's postal address (if different to above)	
Booked through a Medico-legal provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B
Primary reason for examination
<input type="checkbox"/> Impairment and Serious Injury (dual purpose)
<input type="checkbox"/> Impairment assessment
<input type="checkbox"/> Serious injury assessment
<input type="checkbox"/> Common law
<input type="checkbox"/> No fault dispute (existing dispute)
<input type="checkbox"/> No fault (excluding impairment)

Additional appointment needs

- ☐ Security booked – Solicitor to arrange and must discuss risk with the examiner when securing the appointment.
- ☐ Interpreter needed/booked – Solicitor to arrange and advise the examiner
- ☐ Telehealth – Solicitor to confirm with the client telehealth video conference details
- ☐ Special requirements.

If yes, please choose the client's special requirements:

- ☐ Wheelchair
- ☐ Hoist
- ☐ Shower chair
- ☐ Assistance pet
- ☐ On-site disabled parking (preferably allocated)
- ☐ Step-free access to reception, accommodation, restaurant, etc.
- ☐ Full wheelchair access to room or suite
- ☐ Connecting room (shared door) for carer
- ☐ Step-free shower with rails and chair
- ☐ Grab rail beside the toilet (left or right side)
- ☐ Commode (static or tilt in space)
- ☐ Kitchenette
- ☐ Laundry facilities
- ☐ Other. Please provide detail:

Travel and accommodation needs

- ☐ Taxi required – The TAC to arrange.

If yes, please choose taxi type:

- ☐ Regular taxi
- ☐ Maxi taxi

Consider if your client needs scooter or wheelchair accessibility.

It is preferable for the client to find their own way to the examinations. However, if your client is unable to use their pre-accident mode of transport because of their transport accident injuries, taxi travel may be reasonable.

- ☐ Travel required – The TAC to arrange

If yes, what airport is most convenient for your client to travel in and out of?

Travel from airport

Travel to airport

What are the approximate departure and arrival dates and times required??

Departure date and time

Arrival date and time

If there are any other travel requirements that the TAC needs to be aware of, please add them below.

Does your client need assistance to travel? ☐ Yes ☐ No

If yes, please provide medical documentation specifically confirming the need for assistance.

Please also complete the carer's details below. The TAC needs these details to secure tickets with external providers (booking flights etc.).

Carer's name

Carer's date of birth

- ☐ Accommodation required – The TAC to arrange

If yes, what are the preferred check in and check out dates?

Check in date

Check out date

Is your client travelling with a carer? ☐ Yes ☐ No

Carer's full name

Are separate bedrooms required? ☐ Yes ☐ No

Are separate beds required? ☐ Yes ☐ No

Are there any other special requirements that the TAC needs to be aware of, not captured above?

Client's injuries

Please list an injury and the TAC claim it relates to, one injury per line.

Injury	TAC claim number for this injury

Supporting documentation

Where appropriate, please provide the following list of documents relied upon in the request and attach copies where not previously provided to the TAC.

- ☐ Letter of instruction
- ☐ Treating practitioner reports and material
- ☐ Medico-Legal report
- ☐ Other

Other comments

Other comments that would assist the TAC in reviewing your JME request

The form is completed on a without prejudice basis to promote the efficient administration of the Protocols and cannot be relied upon in any later Court or Tribunal proceedings (unless otherwise agreed).

The TAC's privacy policy

The TAC respects the privacy of clients. The TAC will retain any information provided to the TAC as part of the JME process, and may use or disclose that information to make further inquiries or assist in the ongoing management of the client's TAC claim. The TAC may also be required by law to disclose any information provided to the TAC.

If you require further information about the TAC's privacy policy, please call the TAC on 1300 654 329 or visit our website at tac.vic.gov.au/yourprivacy