

User Guide

V1.1 12.06.2026 MT

HealthLink Forms Guide for Medtech Evolution

Using HealthLink to submit **NZTA's**

Medical Certificate for Driver Licence (DL9) form

For more information including FAQs, go to:

www.healthlink.co.nz/nzta

medtech 

Completing NZTA's Medical Certificate for Driver Licence (DL9) via HealthLink

The DL9 form is moving from a paper-based process to a digital experience available through the HealthLink Forms launch page.

This change will allow health professionals to complete and submit forms directly to NZTA, creating a faster and more efficient workflow as well as improve road safety.

Drivers will also benefit from a simpler process, as there will no longer be a need to take paper forms to an NZTA licensing agent.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 0800 288 887

Step 1:

Accessing the DL9 via HealthLink Forms

Step 2:

Completing the form

Step 3:

Parking the form

Step 4:

Previewing & Submitting the form

Step 5:

Printing the form

Step 6:

Accessing parked forms

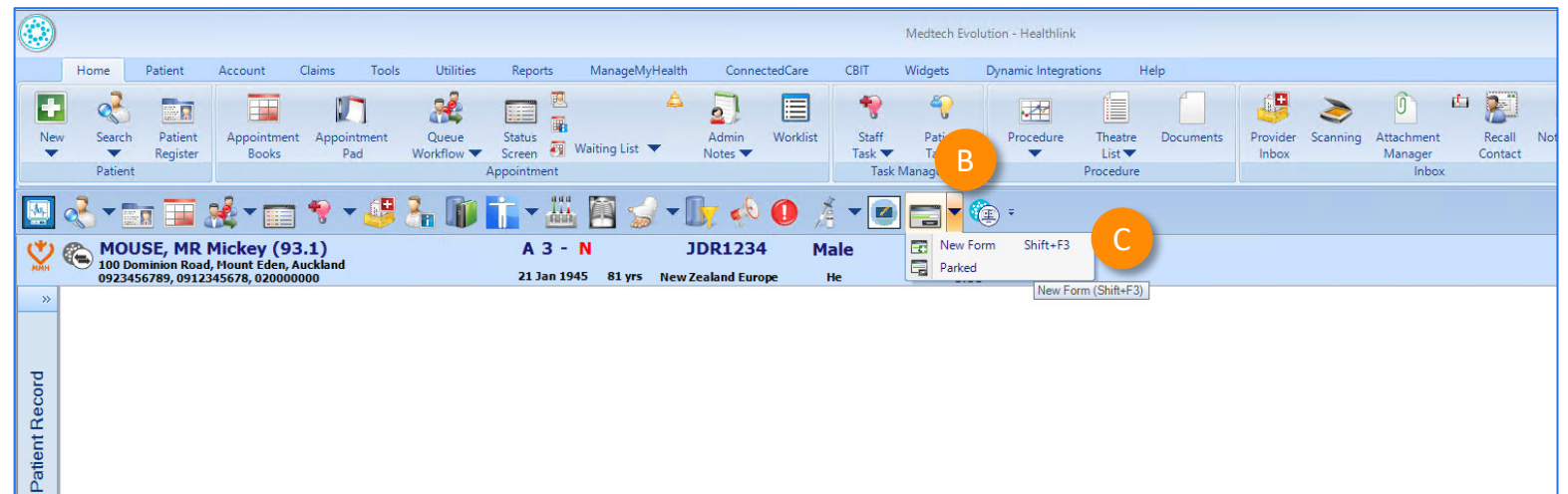
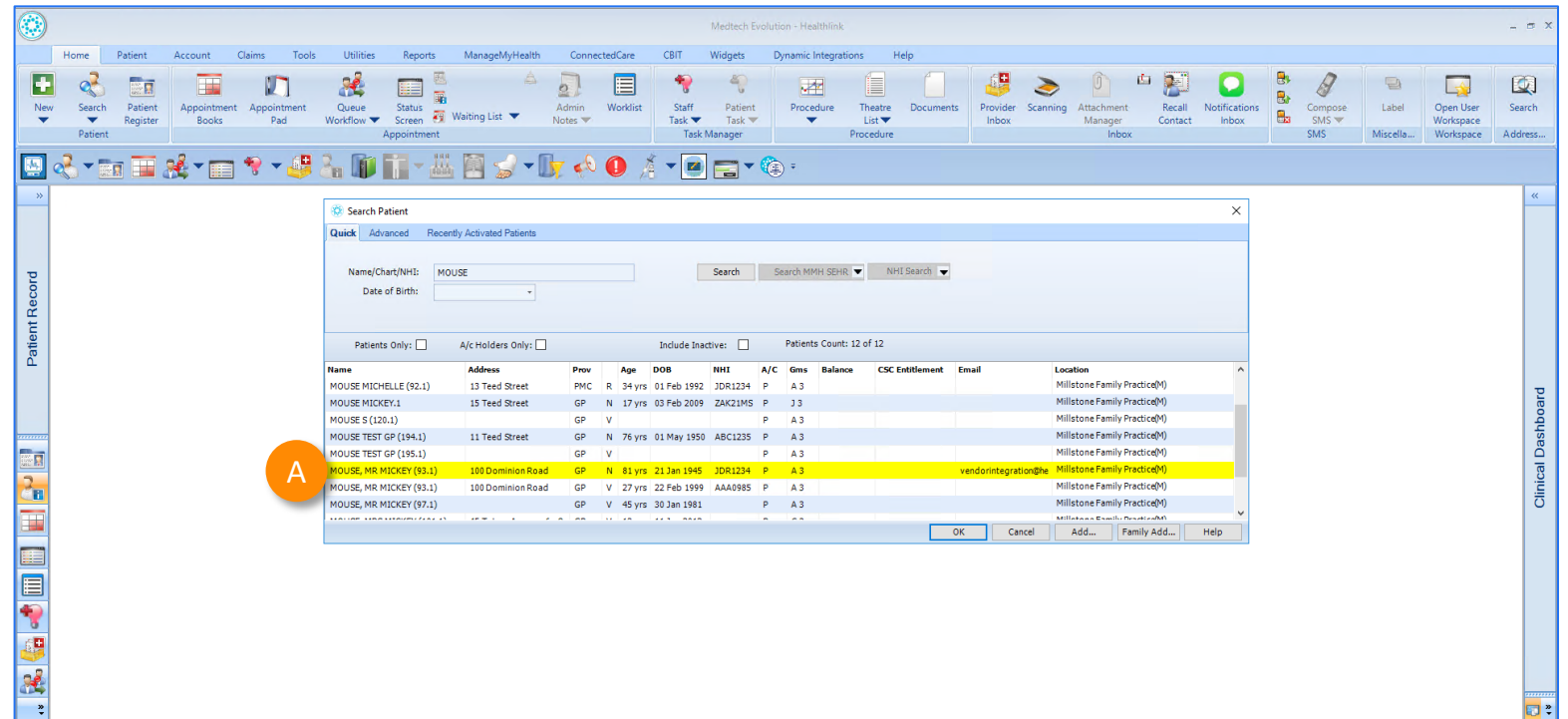
Step 7:

Accessing submitted forms

Step 1:

Accessing the DL9 via HealthLink Forms

- A Search for your patient and open their Patient Record.
- B Click the **Advanced Forms** icon
- C Select **New Form**

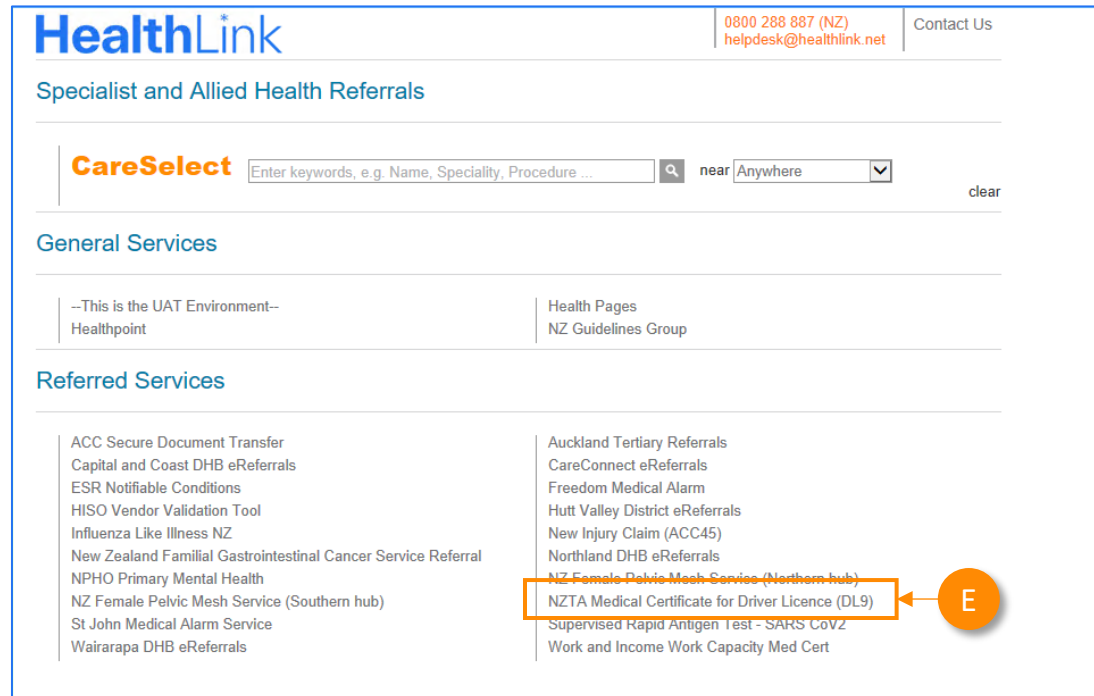
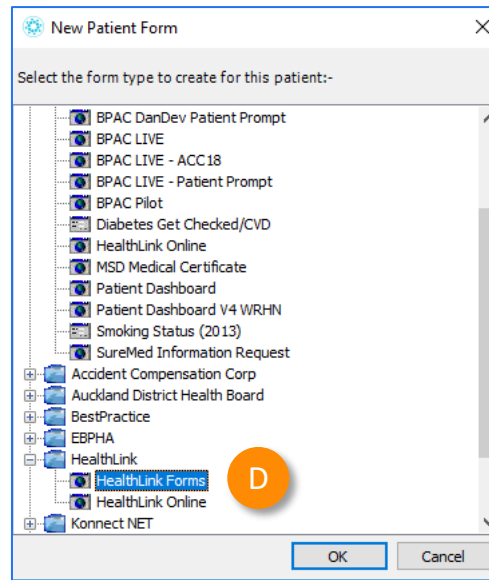


Step 1 (continued):

Accessing the DL9 via HealthLink Forms

D Click **HealthLink Forms**

E Now you're on the HealthLink forms launch page, click 'NZTA Medical Certificate for Driver Licence (DL9)'



Step 2: Completing the form

Clinical Information

Fill out the form on the right-hand side, navigating through the tabbed sections on the left.

A Mandatory fields are marked with an asterisk

B The reflexive questioning helps you provide only relevant information, and the right information first time.

NZ TRANSPORT AGENCY
WAKA KOTAHU

NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Clinical Information 
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information 
test test
3days

Recipient / Referrer 
NZ Transport Agency
Referred by: Partner Doctor
No Different Regular GP

Consent
Health practitioner to read out to patient.
I'll share your medical records and personal and health information with NZTA. NZTA and I may share information with each other about your medical fitness to drive at any time. Do you consent to this?
☐ Patient consents*
Have you told me about any concerns NZTA has with your medical fitness to drive?
Will you provide truthful answers to the best of your knowledge to my questions about your health and fitness to drive, without knowingly withholding information?
☐ Patient agrees*
What is your current address and email address? *Please confirm details in Patient Information tab and update if necessary.*
I'll send your address and email to NZTA. Do you consent to NZTA updating them in the Driver Licence Register, and using them to communicate with you in the future? To find out how NZTA could use your email address, you can go to <http://www.nzta.govt.nz/email-use>
☐ Patient consents

Client details
Does the patient have an existing NZ Driver licence?* ☐ Yes ☐ No

Is this medical certificate required for an organisation other than NZTA?
☐ Civil Aviation Authority
☐ Maritime NZ
Reason for medical certificate* 
☐ To get a new licence class and/or endorsement
☐ To renew a licence class and/or endorsement
☐ To advise NZTA that the licence holder should not be permitted to drive under section 18 of the Land Transport Act 1998 and is likely to continue to drive against advice
☐ A medical certificate is required for a police report
☐ NZTA requested a medical certificate

Patient is applying for or already holds.*

Client details
Does the patient have an existing NZ Driver licence?* ☐ Yes ☒ No

Is this medical certificate required for an organisation other than NZTA?

Client details
Does the patient have an existing NZ Driver licence?* ☒ Yes ☐ No

Driver licence number*

Is this medical certificate required for an organisation other than NZTA?

©HealthLink

5

Step 2 (continued):

Completing the form

Clinical Information

The form has built-in guidance and clinical decision-making support

C

Click on the Question mark icons to get more information and context.

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NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Clinical Information 
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information
ABBOTT CHARLENE
58yrs

Recipient / Referrer
NZ Transport Agency
Referred by: Smith Johnn
No Different Regular GP

Correcting lenses required while driving?*
☐ Yes
☒ No
☐ Only for commercial classes

Peripheral vision (Peripheral vision standard is 140° for all classes)*
☐ Normal ☒ Reduced

Have you attached a report from an optometrist/ophthalmologist?* ☒ Yes ☐ No

Medical history
You must consider the guidelines outlined in *Medical aspects of fitness to drive* where a patient's medical condition affects or may affect their ability to drive safely. Please pay particular attention to applicants or holders of commercial licence classes.

Do you have access to the patients notes/history? ☒ Yes ☐ No

Eye condition
Does the patient's visual standard affect their ability to drive? eg cataracts, glaucoma, field deficits* ☒ Yes ☐ No

Click for help  boxes that apply*
☐ Cataracts
☒ Glaucoma
☐ Field deficits
☐ Other

Medical aspects of fitness to drive
a guide for health practitioners
Ngā āhuatanga hauora
ki te taraiwa
hei aratohu mā ngā mātanga

Step 2 (continued):

Completing the form

Attachments/Reports

D You can attach files from your PMS

And/or

E You can attach files from your Computer.

F Take note of the supported file types.

G Added attachments will be listed in this table

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NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Clinical Information ⚠️
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information
MICKEY MOUSE
81yrs

Recipient / Referrer ⚠️
NZ Transport Agency
Referred by: GP
No Different Regular GP

Diagnostic Reports / Patient Documents

D **E**

[Attach file from PMS](#) [Attach file from Computer](#)

Include relevant patient results and reports. **F**

Attach file from PMS supports: doc, docx, jpeg, pdf, rtf, tiff, txt
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tif, tiff, txt

Caution: larger attachments may take significant time to preview

☐	Date ▼	Name	Comments	Type	Size
No records found.					

G

Step 2 (continued):

Completing the form

Patient information

H In the **Patient Information** section, the fields are **pre-populated** from your PMS, if the information is recorded in your PMS.*

I You can add or edit this information.

Please ensure the details are accurate.

***Note:** Pre-populated fields are sourced from patient/referrer information in your PMS. Any details not recorded in the PMS (e.g. address) must be entered manually.

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NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Clinical Information
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information
Test Patient
3days

Recipient / Referrer
NZ Transport Agency
Referred by: Partner Doctor
No Different Regular GP

Patient Information
Date of birth*
01/06/2026
Name*
Test Patient
Postal Address
Test street, Auckland
Residential Address
Same as postal
Yes
Test street, Auckland

Contact Details (Select preferred phone contact)
Either a patient work phone, a home phone number, or a mobile number is required
No contact details specified

☐ Work		☐ Home	
☐ Mobile		☐ Other	

Email

Step 2 (continued):

Completing the form

Recipient / Referrer

J

In the **Recipient / Referrer** tab, the recipient and referrer information is **pre-populated** from the data in your PMS, if the information is recorded in your PMS.*

Check that the referrer information is accurate.

***Note:** Pre-populated fields are sourced from patient/referrer information in your PMS. Any details not recorded in the PMS (e.g. address) must be entered manually.

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NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Clinical Information 
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information 
Test Patient
3days

Recipient / Referrer 
NZ Transport Agency
Referred by: Partner Doctor
No Different Regular GP

Referral number*
MCDL-703

Referral creation date*
04/06/2026 13:15 NZST

Recipient*
NZ Transport Agency

Attention

Change of recipient reason *

Referred for*
Clinical Appointment / Assessment

Referrer
HPI
Registering body (OD)
600123

Name
Full name
Partner Doctor 
Partner Doctor

Practice name*
Partner Integration Portal

Practice Address
13 Teed Street, Auckland, 1023

Practice ID*
12345

Practice PHO ID

Practice telephone*
+64 9 1234567

Practice fax

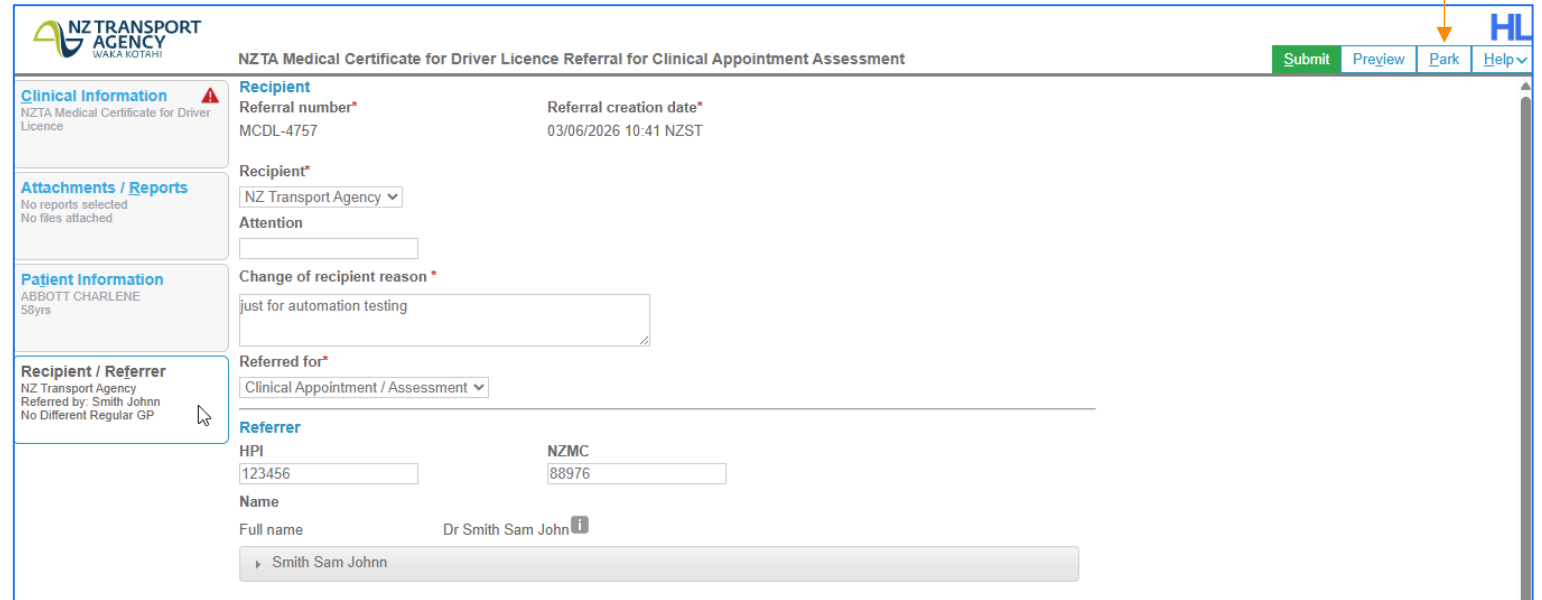
EDI*
nzportal

☐ Patient has a different regular GP

Step 3: Parking the form

A At the top right, click Park to park the form to resume later.

To open and resume the form, see
Step 6: Accessing parked forms



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NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

[Submit](#) [Preview](#) [Park](#) [Help](#)

Clinical Information 
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information
ABBOTT CHARLENE
58yrs

Recipient / Referrer
NZ Transport Agency
Referred by: Smith Johnn
No Different Regular GP

Recipient

Referral number*
MCDL-4757

Referral creation date*
03/06/2026 10:41 NZST

Recipient*
NZ Transport Agency

Attention

Change of recipient reason *
just for automation testing

Referred for*
Clinical Appointment / Assessment

Referrer

HPI
123456

NZMC
88976

Name
Full name
Dr Smith Sam Johnn

► Smith Sam Johnn

Step 4:

Previewing & Submitting the form

Previewing the form is a good way to check if you've missed any mandatory questions, and to review the details before submitting.

A

Simply click the **Preview** button to the top right of the window.

B

If you've completed the form correctly, it will give you a preview of the final report.

The screenshot shows the 'Preview' stage of the NZTA Medical Certificate for Driver Licence Referral form. At the top, a navigation bar includes 'Submit', 'Preview' (highlighted with a mouse cursor), 'Park', and 'Help'. A red circle 'A' is above the 'Preview' button. Below the navigation bar, a red circle 'B' is next to the 'Preview, not submitted copy' text and a 'Submit' button. The main content area displays patient information: MICKEY MOUSE (MICKEY), 81yrs, DOB 21/01/1945, PH: Work 0923456789, Home 0912345678, Mob 0200000000. It also lists residential and postal addresses (100 Dominion Road, Mount Eden, Auckland 1024) and the referring GP (GP test, Millstone Family Practice, NZMC 12345, PH 09 3580116, FAX 09 4433456). The form is divided into sections: 'Clinical Referral Information', 'Consent', 'Client details', 'Visual Acuity', 'Medical history', and 'Eye condition'. Each section contains specific questions and answers related to the patient's medical fitness to drive.

Preview, not submitted copy [Submit](#)

NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Patient: MICKEY MOUSE (MICKEY), 81yrs, DOB 21/01/1945, PH: Work 0923456789, Home 0912345678, Mob 0200000000

Residential address: 100 Dominion Road, Mount Eden, Auckland 1024

Postal address: 100 Dominion Road, Mount Eden, Auckland 1024

Referred by: GP test, Millstone Family Practice, NZMC 12345, PH 09 3580116, FAX 09 4433456

Clinical Referral Information

Consent

I'll share your medical records and personal and health information with NZTA. NZTA and I may share information with each other about your medical fitness to drive at any time. Do you consent to this?

Patient consents

Have you told me about any concerns NZTA has with your medical fitness to drive?

Will you provide truthful answers to the best of your knowledge to my questions about your health and fitness to drive, without knowingly withholding information?

Patient agrees

Client details

Does the patient have an existing NZ Driver licence? No

Is this medical certificate required for an organisation other than NZTA?

- Maritime NZ

Reason for medical certificate:

To get a new licence class and/or endorsement

Patient is applying for or already holds:

- Any of: class 1 or 6, dangerous goods (D), forklift (F), rollers (R), tracks (T), wheels (W) endorsement

Visual Acuity

Visual Acuity: Classes 1 & 6 FRTWD endorsement

Both (At least 6/12): Meets visual acuity standard (At least 6/12)

Peripheral vision (Peripheral vision standard is 140° for all classes): Normal

Medical history

Do you have access to the patients notes/history? Yes

Eye condition

Does the patient's visual standard affect their ability to drive? eg cataracts, glaucoma No

Step 4 (continued):

Previewing & Submitting the form

C If any mandatory fields have been missed or are incomplete, when you click **Preview or Submit** you'll see a red box appear at the top of the form giving you feedback on what needs fixing.

D The fields that need to be fixed will also be in red.

E **Ready to submit?**
Once you've completed all required fields, click **Submit**.

To access your submitted form, see **Step 7: Accessing submitted forms**

NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Clinical Information
NZTA Medical Certificate for Driver Licence

Attachments / Reports
No reports selected
No files attached

Patient Information
ABBOTT CHARLENE
58yrs

Recipient / Referrer
NZ Transport Agency
Referred by: Smith Johnn
No Different Regular GP

Please fix the following errors:

- Provide reason: is a required field
- At least one Patient is applying for or already holds: is required
- Driver licence number must be no more than 8 characters long

Consent

Health practitioner to read out to patient.

I'll share your medical records and personal and health information with NZTA. NZTA and I may share information with each other about your medical fitness to drive at any time. Do you consent to this?

☒ Patient consents*

Have you told me about any concerns NZTA has with your medical fitness to drive?

Will you provide truthful answers to the best of your knowledge to my questions about your health and fitness to drive, without knowingly withholding information?

☒ Patient agrees*

What is your current address and email address? *Please confirm details in Patient Information tab and update if necessary.*

I'll send your address and email to NZTA. Do you consent to NZTA updating them in the Driver Licence Register, and using them to communicate with you in the future? To find out how NZTA could use your email address, you can go to <http://www.nzta.govt.nz/email-use>

☒ Patient consents

Client details

Does the patient have an existing NZ Driver licence?* ☒ Yes ☐ No

Driver licence number*
ABC123456

Is this medical certificate required for an organisation other than NZTA?

☒ Civil Aviation Authority

☐ Maritime NZ

Please print a copy of the completed DL9 certificate and give to the patient.

E **Submit** **Preview** **Park** **Help**

Form sent on 25/03/2026 13:15 NZDT

NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Patient: MICKEY (MICKEY), 81yrs, DOB 21/01/1945, PH: Work 0923456789, Hon 0200000000

Step 5: Printing the form

In some scenarios you may need to print a copy of the submitted form for the driver (your patient).

A

To print a copy, once you've submitted the digital form, click the **Print** button that now appears on the form.

In what scenarios will I still need to print a DL9, and why?

You will need to print a DL9 in the following situations:

- To provide a patient copy if requested
- When the driver does not yet hold a New Zealand driver licence
- When completing a DL9 for Maritime New Zealand or Civil Aviation Authority (CAA) purposes

In these cases, a printed DL9 is required because the certificate must

accompany the relevant licensing or application form.

Attachment Viewer:

Form sent on 25/03/2026 13:15 NZDT

NZTA Medical Certificate for Driver Licence Referral for Clinical Appointment Assessment

Patient: MICKEY MOUSE (MICKEY), 81yrs, DOB 21/01/1945, PH: Work 0923456789, Home 0912345678, Mob 0200000000

Residential address: 100 Dominion Road, Mount Eden, Auckland 1024

Postal address: 100 Dominion Road, Mount Eden, Auckland 1024

Referred by: GP test, Millstone Family Practice, NZMC 12345, PH 09 3580116, FAX 09 4433456

Clinical Referral Information

Consent

I'll share your medical records and personal and health information with NZTA. NZTA and I may share information with each other about your medical fitness to drive at any time. Do you consent to this?

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Have you told me about any concerns NZTA has with your medical fitness to drive?

Will you provide truthful answers to the best of your knowledge to my questions about your health and fitness to drive, without knowingly withholding information?

Patient agrees

Client details

Does the patient have an existing NZ Driver licence? No

Is this medical certificate required for an organisation other than NZTA?

- Maritime NZ

Reason for medical certificate:

To get a new licence class and/or endorsement

Patient is applying for or already holds:

- Any of: class 1 or 6, dangerous goods (D), forklift (F), rollers (R), tracks (T), wheels (W) endorsement

Visual Acuity

Visual Acuity: Classes 1 & 6 FRTWD endorsement

Both (At least 6/12): Meets visual acuity standard (At least 6/12)

Peripheral vision (Peripheral vision standard is 140° for all classes): Normal

Medical history

Do you have access to the patients notes/history? Yes

Eye condition

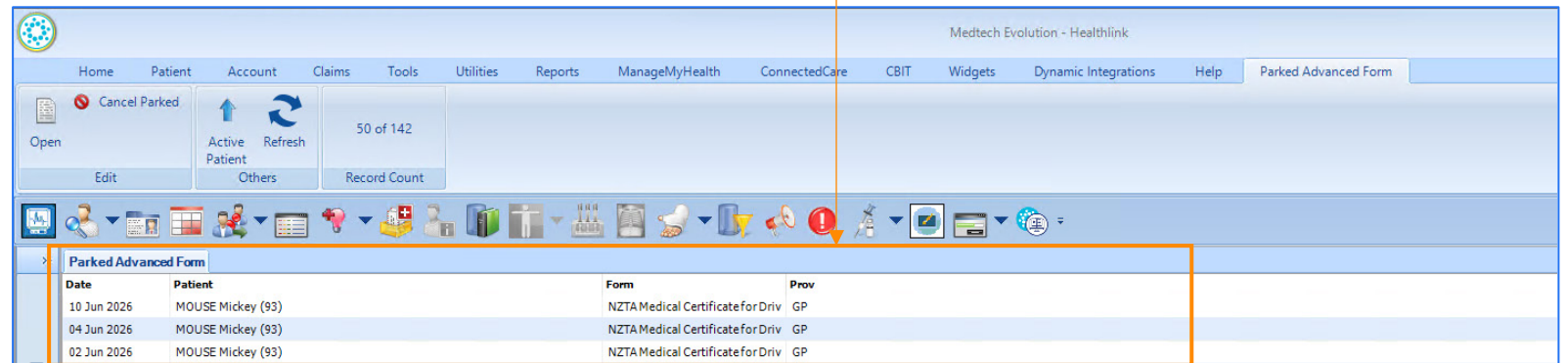
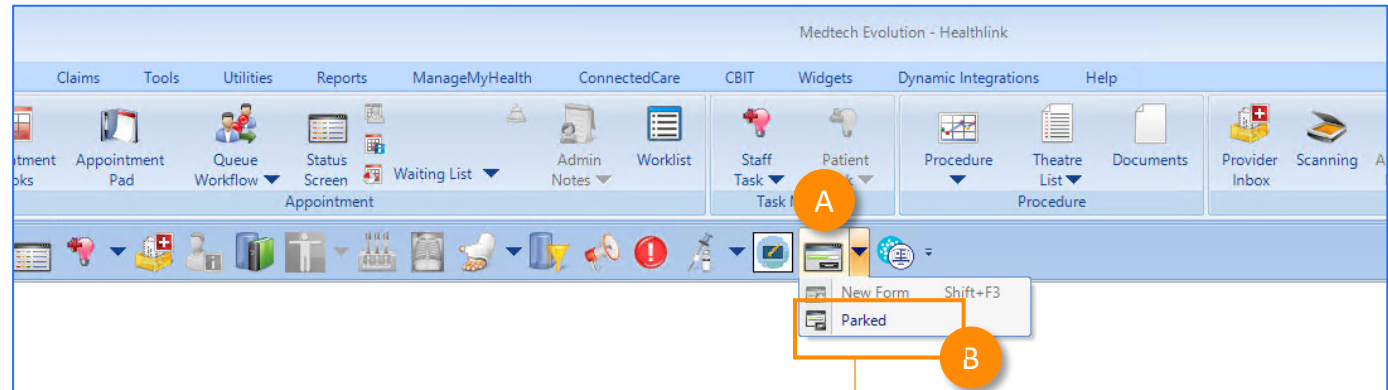
Does the patient's visual standard affect their ability to drive? eg cataracts, glaucoma No

Print

Step 6: Accessing parked forms

A Click the **Advanced Forms** icon

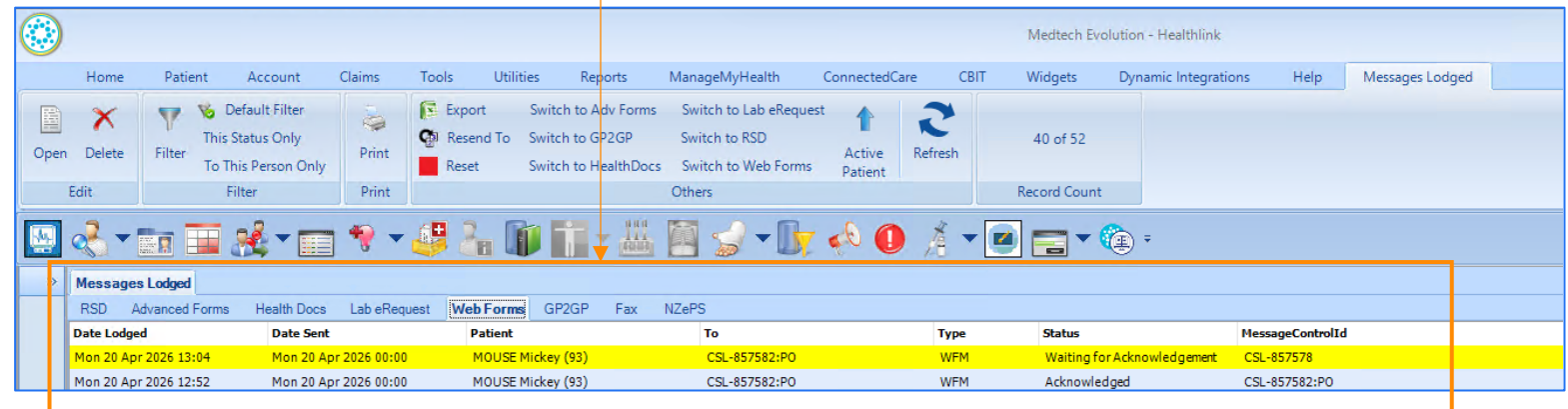
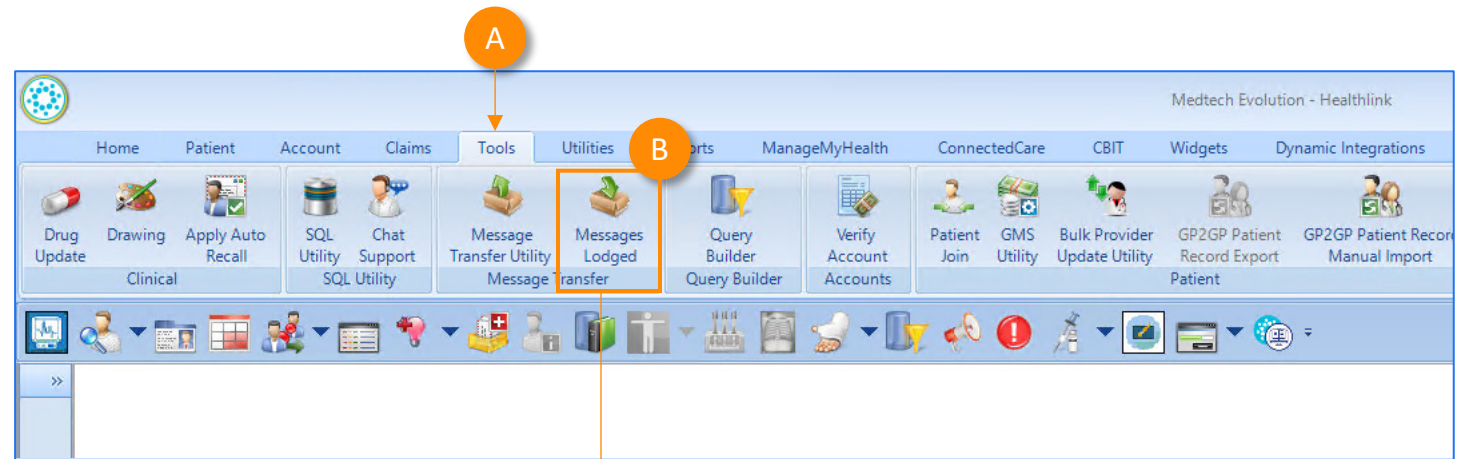
B Select **Parked**



Step 7: Accessing submitted forms

A To access submitted forms, in the top menu, select **Tools**

B Click **Messages Lodged**



Customer Care

Phone: 0800 288 887

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.co.nz

HealthLink^{*}

HealthLink is part of Lanas, a vast network of healthcare enterprises spanning across the United Kingdom, Ireland, New Zealand, Australia, and India. Together, we're working to create safer, more efficient and better healthcare for everyone.