



# JME REQUEST FORM: JME PROTOCOLS

## Important notes

This form is to be used by lawyers requesting a Joint Medical Examination (JME) on behalf of a claimant and the TAC under Part 3 of the Transport Accident Act 1986 (TAA) and pursuant to the JME Protocols 2016. Please complete this form identifying the JME(s) and provide any information and documents in support of your request.

## Where do I send the JME request?

Correspondence to: [jmerequests@tac.vic.gov.au](mailto:jmerequests@tac.vic.gov.au)

## Claimant details

Claimant name

Claim no.

Date of birth

Date of accident

- |  | Yes                      | No                       | Not Known                |
|--|--------------------------|--------------------------|--------------------------|
| Is the claimant under 18 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the claimant have any other claims? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Claim Numbers	Please check box if this claim is relevant to this examination
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

## Claimant's lawyer

Firm name

Practitioner

Firm address

  
  

Reference number

Fax

Telephone

Email

Post code

## Request Type

<input type="checkbox"/>	<b>Existing solicitor arranged</b> – Examination to be converted to JME(s)	Complete <b>Parts A and B</b> of this form
<input type="checkbox"/>	<b>Pre-Approval</b> – Examination to be arranged by solicitors on receipt of approval for JME(s) from the TAC	Complete <b>Part B</b> of this form
<input type="checkbox"/>	<b>Joint TAC arranged</b> – Examination to be converted to JME(s)	Complete <b>Parts A and B</b> of this form

## Request for Joint Medical Examination (JMEs)

If the primary reason for the examination field does not contain an appropriate option for your JME request, please submit this form with justification for the JME in your email.

### Requested examination 1

PART A		PART B
<b>Appointment details</b>		<b>Primary reason for examination</b>
Appointment date		<input type="checkbox"/> Impairment assessment
Appointment time		<input type="checkbox"/> Serious injury assessment
Examiner's full name		<input type="checkbox"/> No fault dispute (existing dispute)
Examiner's discipline		<input type="checkbox"/> Common law
Examiner's address		<input type="checkbox"/> No fault (excluding impairment)
Examiner's postal address (if different to above)		

**Requested examination 2**

<b>PART A</b>		<b>PART B</b>
<b>Appointment details</b>		<b>Primary reason for examination</b>
Appointment date		<input type="checkbox"/> Impairment assessment
Appointment time		<input type="checkbox"/> Serious injury assessment
Examiner's full name		<input type="checkbox"/> No fault dispute (existing dispute)
Examiner's discipline		<input type="checkbox"/> Common law
Examiner's address		<input type="checkbox"/> No fault (excluding impairment)
Examiner's postal address (if different to above)		

**Requested examination 3**

<b>PART A</b>		<b>PART B</b>
<b>Appointment details</b>		<b>Primary reason for examination</b>
Appointment date		<input type="checkbox"/> Impairment assessment
Appointment time		<input type="checkbox"/> Serious injury assessment
Examiner's full name		<input type="checkbox"/> No fault dispute (existing dispute)
Examiner's discipline		<input type="checkbox"/> Common law
Examiner's address		<input type="checkbox"/> No fault (excluding impairment)
Examiner's postal address (if different to above)		

**Requested examination 4**

<b>PART A</b>		<b>PART B</b>
<b>Appointment details</b>		<b>Primary reason for examination</b>
Appointment date		<input type="checkbox"/> Impairment assessment
Appointment time		<input type="checkbox"/> Serious injury assessment
Examiner's full name		<input type="checkbox"/> No fault dispute (existing dispute)
Examiner's discipline		<input type="checkbox"/> Common law
Examiner's address		<input type="checkbox"/> No fault (excluding impairment)
Examiner's postal address (if different to above)		

**Requested examination 5**

<b>PART A</b>		<b>PART B</b>
<b>Appointment details</b>		<b>Primary reason for examination</b>
Appointment date		<input type="checkbox"/> Impairment assessment
Appointment time		<input type="checkbox"/> Serious injury assessment
Examiner's full name		<input type="checkbox"/> No fault dispute (existing dispute)
Examiner's discipline		<input type="checkbox"/> Common law
Examiner's address		<input type="checkbox"/> No fault (excluding impairment)
Examiner's postal address (if different to above)		

**\*Inform the TAC if your client has travel or interpreter requirements**

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 claimants. 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 claimant'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 [www.tac.vic.gov.au](http://www.tac.vic.gov.au).**