

Driving Licence Medical Report Form



To drive you must meet certain medical fitness standards. For this purpose vehicles are classed as Group 1 and Group 2. If you are applying for a vehicle in both Groups (See note 2 overleaf) please tick Group 1 and 2 on this form. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the medical criteria for Group 1 vehicles.

Driver number

First name(s)

Surname

Address 1

Address 2

Town/City

County Postcode

Date of birth
Day Month Year

PPSN

(Please X the appropriate box)

I wish to undergo a medical examination on foot of my application for a learner permit/driving licence as required by the Road Traffic Acts. (See note 1 overleaf).

My application is for a driving licence/learner permit as a driver of a **Group 1** or **Group 2** vehicle. (See note 2 overleaf).

Has your most recent licence/permit been revoked or have you been advised by a medical professional to cease driving for a period? Yes No

If yes please advise reason _____

If you have in the past suffered or currently suffer from epilepsy, please indicate the date of your last seizure. Where this date is less than 12 months from today it is essential that you fall into the category of an exceptional case (available to Group one drivers only) that allows you drive earlier than this. To be certified as fit to drive your case will need to be reviewed by a consultant neurologist.

Day Month Year

Signature

(To be signed in the presence of your Medical Practitioner)

Day Month Year

This form must be submitted to National Driver Licence Service with an application for a driving licence/learner permit within one month of its completion by a Medical Practitioner.

VEHICLES IN GROUP 1 AND GROUP 2

| Group 1 Vehicles and Licence Category | Group 2 Vehicles and Licence Category |
|---------------------------------------|---------------------------------------|
| AM | C |
| A | C1 |
| A1 | CE |
| A2 | C1E |
| B | D |
| BE | D1 |
| W | DE |
| | D1E |

Driving Licence Medical Report Form



To be completed by a Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland.

I, the undersigned registered medical practitioner report that:

- The applicant has signed the declaration in my presence
- I have examined the applicant by reference to the medical fitness standards required by the Road Traffic Acts and in my opinion, the applicant. **(Please X the appropriate box(es) below):**

Group 1. Meets the prescribed medical fitness standard set out for vehicles in **Group 1.**

Yes No

If the answer to the above is **Yes** indicate the licence period recommended for this driver by marking the below:

1 year 3 years 10 years

Group 2. Meets the prescribed medical fitness standard set out for vehicles in **Group 2.**

Yes No N/A

If the answer to the above is **Yes** indicate the licence period recommended for this driver by marking the below:

1 year 3 years 5 years

(N.B. A person driving a Group 2 category vehicle must be certified as medically fit at least every five years).

Exceptional case Epilepsy. (available to Group one drivers only)

If your patient has indicated that his/her last seizure was less than 12 months ago (see page 1) and you consider him/her fit to drive, please indicate that this is because the seizure was one of the following:-

1. first seizure; provoked seizure only in preceding year; seizure not affecting consciousness or driving ability; seizure in preceding year only on withdrawal of antiepileptic medication; or seizure exclusively while asleep and the first such sleep seizure was a minimum of 12 months previous

and

2. that the driver has been assessed as fit to drive by a consultant neurologist.

The applicant needs to wear corrective lenses while driving.

Yes No

The applicant has a physical disability requiring adaptations be made to a vehicle to meet the requirements of their disability.

Yes No

The applicant has had a limb prosthesis/orthesis.

Yes No

My opinion as to (INSERT APPLICANTS NAME IN BLOCK CAPITALS) _____ medical fitness is that he/she is fit to drive vehicles of the Group indicated from any date up to one month from today's date.

Signature

Date of Examination:

Day Month Year

Stamp of Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland

Medical Practitioner's Details

Name:

Address:

Telephone:

Email address:

Fax:

EXPLANATORY NOTES

1. To complete your medical examination you must go to your doctor, have your medical examination and sign this form in the presence of the doctor. When the form is completed by your doctor you must send it to National Driver Licence Service with your learner permit/driving licence application **within one month of the date of the medical examination.**
2. For medical fitness standards vehicles are classed as being in Group 1 or Group 2. The graphic overleaf describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found on the licence application form. A higher standard of medical fitness is required of those drivers who hold licences for Group 2 vehicles. **Please note that Group standards apply to all categories of vehicles within that Group. Individual categories should not be marked on the table overleaf.**
3. A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
4. Applicants over 70 years of age can only be certified as being fit to drive for either one or three years.
5. Where appropriate the doctor may engage the services of other medical and driving professionals (e.g. consultant, occupational therapist, optometrist, on-road driving assessor) to inform their completion of this form.