

Driving Licence Medical Report Form



Part 1 to be completed by applicant (applicant must sign part 1 in the presence of the Medical Practitioner)

1. Driver Information:

Applicant Name*:

PPSN:

Date of birth: / /
Day Month Year

Driver number (if available):

a) My application is for a driving licence/learner permit as a driver of a **Group 1** Yes No
(see page 2 for vehicle categories). **Group 2** Yes No

b) Has your most recent licence/permit been revoked or have you been advised by a medical professional to cease driving for a period?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 state reason _____

c) Have you ever had an **epileptic seizure**? Yes No

If yes give the date of your last seizure ____ / ____ / ____

Unless your case meets the exceptional case criteria allowed for **Group 1 drivers only you must by law be 12 months seizure free** before you can drive/return to driving. (See Part 2 for epilepsy exceptional case criteria)

I declare that to the best of my knowledge the above information is true and I have made the doctor completing this medical report form required under the Road Traffic Acts aware of any medical conditions, drugs and medications that I use.

Signature of applicant _____ Date: ____ / ____ / ____

Part 2 to be completed by a Medical Practitioner on the Irish Medical Council Register (Specialist or General)

1. Applicant name _____ DOB ____ / ____ / ____ meets the relevant medical fitness standard for:

a) **Group 1 vehicles** Yes No for a period of 1 yr 3 yrs 10 yrs

b) **Group 2 vehicles** Yes No for a period of 1 yr 3 yrs 5 yrs

c) The applicant needs to wear corrective lenses while driving Yes No

d) The applicant has a physical disability requiring adaptations on vehicle to drive Yes No

e) The applicant has a limb prosthesis/orthesis Yes No

f) Does the applicant suffer from epilepsy. If yes please see 2.2a exceptional case criteria overleaf. Yes No

g) Does the applicant require restrictions to be applied to his / her driving licence / learner permit. Please see overleaf 2.2b. Yes No

Signature of Medical Practitioner _____ Date: ____ / ____ / ____

Must be submitted to the NDLS within three months of this date

Stamp of Medical Practitioner whose name is on the Irish Medical Council Register

Medical Practitioner telephone number:
(Specialist or General)

Irish Medical Council Registration Number

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Part 2 (continued) to be completed by Medical Practitioner

2.Special licence requirements including exception cases for epilepsy

a)Epilepsy:

If this does not apply mark - Not Applicable

If your patient has had an epileptic seizure within the last 12 months,

have they been declared fit to drive a group 1 vehicle (See below for vehicle categories) by a consultant neurologist under the exceptional case criteria for epilepsy shown below:

Yes No

Exceptional case criteria include: First seizure; provoked seizure only in preceding year; seizure not affecting consciousness or driving ability; seizure in preceding year only on medically supervised withdrawal of antiepileptic medication; or seizure exclusively while asleep and the first such sleep seizure was a minimum of 12 months previous

b) **Restricted licence recommendation**

If none are to be applied mark -Not Applicable

limited to day-time driving (one hour after sunrise and one hour before sunset)

Yes No

limited to journeys within a radius of 80 km from holder's place of residence.

Yes No

limited to journeys with a speed not greater than 80 km/h
















Yes No

Signature of Medical Practitioner _____

Date: ____ / ____ / ____

Must be submitted to the NDLS within three months of this date

Vehicles are classed as Group 1 and Group 2. If you are applying for a vehicle in both Groups, please tick Group 1 and 2. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the criteria for Group 1 vehicles

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 

EXPLANATORY NOTES

- 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 submit it to the National Driver Licence Service with your learner permit/driving licence application **within one month of the date of the medical examination.**
- For medical fitness standards, vehicles are classed as being in Group 1 or Group 2. The graphic above 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 above.
- A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
- Applicants aged 70 and over with an identified or specified illness can only be certified as being fit to drive for either one or three years.
- 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.
- Please have your Doctor initial any alteration or change made in completing this form. This is important in assessing the validity of the document presented.