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 | | | | Ш | | | | | | | | | | |
|--|--------------|-------------|-------------|----------|--------------------|--------|--------|---------------|---------|---------|-----------|-------|---------|---|
| First name(s) | | | | | Ш | | | | | | | П | \perp | |
| Surname | | | | | | | | | | | | Ш | 工 | |
| Address 1 | Щ | Ш | Щ | Щ | Щ | | Щ | Щ | Щ | Ш | | Щ | | Щ |
| Address 2 | Щ | Щ | Щ | Щ | Щ | Ш | Щ | Щ | Щ | Щ | | Щ | _ | Щ |
| Town/City | | Ш | Щ | Щ | ш | | Ш | Щ | Ш | Ш | | Щ | | Ш |
| County | | | Ш | | J. | Pos | stcode | | Ш | | | Щ | _ | |
| Date of birth | Day | Month | Ye | ear |] | | | | | | | | | |
| PPSN | | | | | | | | | | | | | | |
| (Please X the approp I wish to undergo a n by the Road Traffic Ac | nedical exan | | | applica | ntion for | a lear | ner pe | rmit/d | Iriving | licence | e as requ | uired | | |
| My application is for (See note 2 overleaf) | | ence/learne | r permit a | s a driv | er of a G ı | oup : | ı | or Gro | up 2 | ve | hicle. | | | |
| If you have in the past suffered or currently suffer from epilepsy, please indicate the date of your last seizure. | | | | бУ, | | | | | | | | I | | |
| | | | | | | | | Da | ЭУ | Мо | nth | | Year | |
| | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | Ш | | |
| (To be signed in the p | resence of y | your Medica | l Practitio | ner) | | | | Da | ау | Мо | nth | | 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

| VEHICLES IN OROUP I AND OROUP 2 | | | | | | | | |
|---------------------------------------|---------------------------------------|--|--|--|--|--|--|--|
| Group 1 Vehicles and Licence Category | Group 2 Vehicles and Licence Category | | | | | | | |
| AM & | C | | | | | | | |
| A 87 | C1 | | | | | | | |
| A1 🕏 | CE OO OO O | | | | | | | |
| A2 📆 | C1E | | | | | | | |
| В | D | | | | | | | |
| BE F | D1 | | | | | | | |
| w 🌉 | DE O O O | | | | | | | |
| | 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 opinion, the applicant. (Please X the appropriate box(es) below): | : Acts and | in my |
|--|------------|-------|
| Meets the prescribed medical fitness standard set out for vehicles in Group 1 only. | Yes | No |
| Meets the prescribed medical fitness standard set out for vehicles in Group 1 and Group 2. (This should only be completed if the applicant has applied for or holds a Group 2 licence/permit.) (See notes 3 and 4 overleaf). | Yes | No No |
| Is fit to drive for a period of: | | |
| Group 1 Vehicles and Licence Category 1 year 3 years 10 years | | |
| Group 2 Vehicles and Licence Category 1 year 3 years 5 years (See note 3 below with maximum duration of a licence for Group 2 drivers). | | |
| 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 |
| The applicant needs to wear corrective lenses while driving. | Yes | No |
| The applicant is medically unfit to drive. | 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 four calend from today's date. | ar month | S |
| Date of Examination: | | |
| Signature | | |
| Day Month | | Year |
| Stamp of Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Medical Practitioner Telephone Number | | |
| | | |

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 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.