MEDICAL REPORT

Form D.501

FOR DRIVER LICENSING PURPOSES

DECLARATION BY APPLICANT

(to be signed by the applicant in the presence of a registered medical practitioner)

I, the undersigned wish to undergo a medical examination for the purposes of obtaining a provisional/driving licence under the terms of the provisions of the Road Traffic (Licensing of Drivers) Regulations, 1999.

Signature: _____

Name and Address Of Applicant (in BLOCK letters please)

Date of Birth

Date Month Year

THIS REPORT MUST BE SUBMITTED TO A LICENCING AUTHORITY WITH AN APPLICATION FOR DRIVING LICENCE OR A PROVISIONAL LICENCE WITHIN ONE MONTH OF ITS COMPLETION BY A REGISTERED MEDICAL PRACTITIONER.

MEDICAL REPORT

(to be completed by a registered medical practitioner)

I, the undersigned registered medical practitioner hereby report that

- ❑ The applicant has signed the above declaration in my presence
- ❑ I have examined the applicant by reference to the relevant aspects and the minimum standards of physical and mental fitness prescribed in the Road Traffic (Licensing of Drivers) Regulations 1999
- ❑ My opinion as to the applicant's fitness to drive is as follows
- ❑ The applicant is fit to drive vehicles of categories

A1, A and M	Motorcycles	Yes ☐	No ☐
B, EB and W	Car, tractor +/- trailer	Yes ☐	No ☐
C1, C, D1, D, EC1, EC, ED1, ED	Bus, truck +/- trailer	Yes ☐	No ☐

- ❑ the applicant has a physical disability which requires that adaptations be made to a vehicle to meet the requirements of his/her 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's fitness to drive does not appear to need review at all ☐ for 1 year * ☐ for 3 years ☐ for 10 years ☐

*** This box cannot be ticked if the applicant is applying for a licence incorporating entitlement to drive buses or trucks +/- trailer i.e. vehicle of categories C1, C, D1, D, EC1, EC, ED1, or ED**

NB Applicants over 70 years of age can only be certified as being fit to drive for either 3 years or 1 year.

Signature: _____

Date of Medical Examination

Telephone Number

Stamp of Registered Medical Practitioner