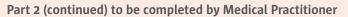


Part 1 to be comp 1. Driver Informatio		oy ap	oplic	ant	(ар	plic	ant	mu	ist s	sigı	n pa	art 1	Liı	n th	e p	ore	sen	ce	of	th	e I	Ие	dic	al F	Pra	ctit	ion	er)
Applicant Name:													Γ	Т				Γ	Ι			Τ	Ι]
PPSN																												
Date of birth		П																										
	Day	-	Mor	nth	-	-	Yea	r																				
Driver number (if available)																								ļ,			_	
a) My application is f	or a driv	ing li	cenc	:e/lea	arne	er per	rmit	as a	dri	ver	of a		G	irou	p 1							,	Yes	L		No	L	
			(50	se pu	ge z	. 101	vern		ute	gon	(3).		G	irou	p 2							,	Yes	L		No	L	1
b) Has your most recent licence/permit been revoked or have you been advised by a medical professional to cease driving for a period?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	C	1	No		1										
If yes state reason																								2			_	
c) Have you ever had an epileptic seizure ? Yes								4	No	L																		
If yes give the date of	f your la	st sei	zure																									
Unless your case mee free before you can d											-				-	-			t by	y la	w t)e 1	.2 n	non	ths	seiz	ure	
I declare that to the report form required		-		_																			-		-		ned	ical
Signature of applican	it							_											D)ate):						-	
Part 2 to be comp	leted b	oy a	Mea	dical	l Pra	actit	tion	er d	on t	he	Iris	h M	leo	dica	l C	ou	nci	l R	eg	ist	er	(Sp	eci	alis	st o	or Ge	ene	ral)
1. Applicant name										DOE	3							m	eet	s tl	he r	ele	var	nt m	nedi	ical	fitn	ess
a) Group 1 vehicles						Ye	es		No			for a	аp	eriod	d of	⁼ 1)	r		3	yrs			10	yrs				
b) Group 2 vehicles						Ye	es		No	L	4	for a	a p	erio	d of	÷1 ر	r		3	yrs			5 ک	/rs	Ļ		_	
c) The applicant needs to wear corrective lenses while driving									,	Yes	Ļ		No	Ļ	4													
d) The applicant has a physical disability requiring adaptations on vehicle to drive									,	Yes	F	4	No	Ļ														
e) The applicant has a limb prosthesis/orthesis								,	Yes	Ļ	4	No	F															
f) Does the applicant suffer from epilepsy. (If yes please see 2.2a exceptional case criteria overleaf)									,	Yes	F	4	No	Ļ														
g) Does the applicant require restrictions to be applied to his / her driving licence / learner permit (Please see overleaf 2.2b) Yes No									L	1																		
Signature of Medical	Practitio	oner_									_										Da	te:						
								Noi	te: 1	This j	form	mus	t b	e sub	omit	tted	to t	he	ND	LS v	vith	in o	ne	mon	th o	of thi	s da	te
Stamp of Medical Prais on the Irish Medic					e									cal F ialis					ele	ph	one	e nu	ımt	oer:				

Irish Medical Council Registration Number

Driving Licence Medical Report Form



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:

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 this does not apply mark - Not A	Applicable		
limited to day-time driving (one hour after sunrise and one hour before s	,	105	No	
limited to journeys within a radius of 30 km from holder's place of reside		Yes		_
limited to journeys with a speed not greater than 80 km/h		Yes	No	
Signature of Medical Practitioner	Date:			

Note: This form must be submitted to the NDLS within one month 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 C
A 👼	C1
A1 🔁	
A2 0	
в	
BE FRANCE	
w 🛺	

Making an application for a learner permit or driving licence? Apply online now at ndls.ie

There is no need for you to complete paper forms, make appointments or visit an NDLS centre in person. All you need is your Public Service Card and your verified MyGovID for secure access to an online application at ndls.ie

Your medical report form can be uploaded when you apply online or can be posted after you make your application.

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.
- 2. For medical fitness standards, vehicles are classed as being in Group 1 or Group 2. This table describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found online at ndls.ie and 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.
- 3. A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
- 4. Applicants over 75 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.
- 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.
- 7. For more information on medical fitness standards see Medical Fitness to Drive Guidelines on www.ndls.ie.

