

MEDICAL REPORT

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 learner permit/driving licence under the terms of the provisions of the Road Traffic (Licensing of Drivers) Regulations, 2006 for the following licence categories: (tick as appropriate ✓)

M	<input type="checkbox"/>	A1	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	EB	<input type="checkbox"/>	W	<input type="checkbox"/>	C1	<input type="checkbox"/>	C	<input type="checkbox"/>	EC1	<input type="checkbox"/>	EC	<input type="checkbox"/>
D1	<input type="checkbox"/>	D	<input type="checkbox"/>	ED1	<input type="checkbox"/>	ED	<input type="checkbox"/>												

Signature:

Name and address of
applicant in
BLOCK letters please

Date of Birth

Day	Month	Year		

THIS REPORT MUST:

- a) **BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER WHOSE NAME IS ENTERED IN THE GENERAL REGISTER OF MEDICAL PRACTITIONERS IN IRELAND, AND**
- b) **SUBMITTED TO A LICENSING AUTHORITY WITH AN APPLICATION FOR A DRIVING LICENCE OR A LEARNER PERMIT WITHIN ONE MONTH OF ITS COMPLETION**

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, 2006

My opinion as to the applicant's fitness to drive is as follows:-















- the applicant is fit to drive vehicles of the following categories for the period(s) indicated from any date up to 4 calendar months from today's date.

Date of Birth

Name:

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Day Month Year

Licence Category	Description of Vehicle	For 1 year	For 3 years	For 10 years	Medically unfit to drive
M  ≤ 50c.c. 45KmH	Moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A1  ≤ 125c.c. 11KW	Motorcycle up to 125cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A  ≤ 25KW 0.16KW/Kg	Motorcycle over 125cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B  ≤ 3,500kg 1+8	Vehicle up to 3,500 kg. Max 8 passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EB 	Car and Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W 	Tractors and Work Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1  ≤ 7,500kg	Small Truck – less than 7,500 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 	Large Truck – over 3,500 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC1  ≤ 12,000kg	Small Truck and Trailer – no more than 12,000 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 	Large Truck and Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1  ≤ 1+16	Small Bus – max. 16 passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 	Large Bus – more than 8 passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ED1  ≤ 12,000kg	Small Bus and Trailer – no more than 12,000 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ED 	Large Bus and Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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/orthosis

Yes No

- the applicant needs to wear corrective lenses while driving

Yes No

- the applicants fitness to drive does not appear to need review

at all *

* **This box cannot be ticked if the applicant is applying for a licence incorporating entitlement to drive buses or trucks +/- trailer i.e. vehicles 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:

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Day Month Year

**Stamp of
Medical Practitioner
whose name is on register in
Ireland**