

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

M AI A B EB W CI C ECI EC DI D EDI ED

Signature: _____

Name and address
of Applicant in
BLOCK letters please

Date of Birth

Day	Month	Year					

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

MEDICAL REPORT

(to be completed by a registered medical practitioner)







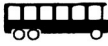


I, the undersigned registered medical practitioner, hereby report that:-

- 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, 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.

License 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"/>
AI ≤ 125c.c. 11kW	Motorcycle up to 125 cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A ≤ 25kW 0.16kW/kg	Motorcycle over 125 cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B ≤ 3,500kg 1+8	Vehicle up to 3500 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"/>

License Category	Description of vehicle	For 1 year	For 3 years	For 10 years	Medically unfit to drive
CI  ≤ 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"/>
ECl  ≤ 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"/>
DI  ≤ 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"/>
EDI  ≤ 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/orthesis

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 CI, C, DI, D, ECl, EC, EDI 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Telephone Number

Stamp of
Registered Medical Practitioner