# Driving Licence Medical Report Form

RSA NDLS
National Driver Licence Service
An tSeirbhís Náisiúnta um Cheadúnais Tiomána

## Part 1 to be completed by applicant (applicant must sign part 1 in the presence of the Medical Practitioner)

**1. Driver Information:**

Applicant Name*:

PPSN

Date of birth
Day Month Year

Driver number
(if available)

a) My application is for a driving licence/learner permit as a driver of a (see page 2 for vehicle categories). **Group 1** Yes ☐ No ☐
**Group 2** Yes ☐ No ☐

b) Has your most recent licence/permit been revoked or have you been advised by a medical professional to cease driving for a period?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 ☐ No ☐

If yes state reason _____

c) Have you ever had an **epileptic seizure**? Yes ☐ No ☐

If yes give the date of your last seizure _____ / _____ / _____

Unless your case meets the exceptional case criteria allowed for **Group 1 drivers only you must by law be 12 months seizure free** before you can drive/return to driving. (See Part 2 for epilepsy exceptional case criteria)

**I declare that to the best of my knowledge the above information is true and I have made the doctor completing this medical report form required under the Road Traffic Acts aware of any medical conditions, drugs and medications that I use.**

Signature of applicant _____ Date: _____ / _____ / _____

## Part 2 to be completed by a Medical Practitioner on the Irish Medical Council Register (Specialist or General)

**1. Applicant name _____ DOB _____ / _____ / _____ meets the relevant medical fitness standard for:**

a) **Group 1 vehicles** Yes ☐ No ☐ for a period of 1 yr ☐ 3 yrs ☐ 10 yrs ☐

b) **Group 2 vehicles** Yes ☐ No ☐ for a period of 1 yr ☐ 3 yrs ☐ 5 yrs ☐

c) The applicant needs to wear corrective lenses while driving Yes ☐ No ☐

d) The applicant has a physical disability requiring adaptations on vehicle to drive Yes ☐ No ☐

e) The applicant has a limb prosthesis/orthesis Yes ☐ No ☐

f) Does the applicant suffer from epilepsy. If yes please see 2.2a exceptional case criteria overleaf. Yes ☐ No ☐

g) Does the applicant require restrictions to be applied to his / her driving licence / learner permit. Please see overleaf 2.2b. Yes ☐ No ☐

Signature of Medical Practitioner _____ Date: _____ / _____ / _____

*Must be submitted to the NDLS within three months of this date*

**Stamp of Medical Practitioner whose name is on the Irish Medical Council Register**

**Medical Practitioner telephone number:**
(Specialist or General)

**Irish Medical Council Registration Number**

PART 2 CONTINUED NEXT PAGE