

# Driving Licence Eyesight Report Form



National Driver Licence Service  
An tSeirbhís Aonacháire um Chlárionn Ríomhaill

To drive you must meet certain medical fitness standards. For this purpose vehicles are classed as Group 1 and Group 2.  
If you are applying for a vehicle in both Groups (See note 2 overleaf) please tick Group 1 and 2 on this form. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the medical criteria for Group 1 vehicles.

Part 1.

Driver Information:

Applicant Name:	DAN WAN	
PPSN	2208920FA	
Date of birth	08/08/1997	
Day	Month	Year
Driver number (if available)		

(Please X the appropriate box)

I wish to undergo an eyesight test on foot of my application for a learner permit/driving licence as required by the Road Traffic Acts.

My application is for a driving licence/learner permit as a driver of a **Group 1**  or **Group 2**  vehicle.  
(See note 1 overleaf).

Applicant's  
Signature

(To be signed in the presence of your Medical Practitioner/Optometrist)

Dan Wan

01  02  03

Day

Month

Year

This form must be submitted to National Driver Licence Service with an application for a driving licence/learner permit within one month of its completion by a Medical Practitioner or Optometrist.

Part 2: To be completed by a Medical Practitioner or Optometrist whose name is on the General Register of Medical Practitioners or on the Register of Optometrists in Ireland.

I, the undersigned registered medical practitioner/registered optometrist (delete as appropriate), report that:

- The applicant has signed the declaration in my presence
- I have examined the eyesight of the applicant by reference to the prescribed standard and in my opinion, the applicant meets the prescribed eyesight standard set out for vehicles in the Sláinte agus Tiomaint driver fitness medical guidelines for (Please X the appropriate box(es) below):

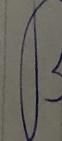
a) Group 1 vehicles

b) Group 2 vehicles

c) Needs to wear corrective lenses to meet the standard set out overleaf

My opinion as to (INSERT APPLICANT'S NAME IN BLOCK CAPITALS) DAN WAN. My opinion is that the applicant is fit to drive vehicles of the Group indicated.

Signature of Medical Practitioner or Optometrist whose name is on the register in Ireland

 OPOS3511

01  02  03

Day

Month

Year

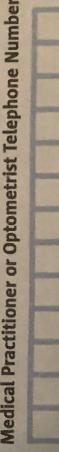
01  02  03

Day

Month

Year

Medical Practitioner or Optometrist Telephone Number



Please have your medical practitioner or optometrist initial any alteration or change made in completing this form.  
This is important in assessing the validity of the document presented.