

# Driving Licence Medical Report Form



National Driver Licence Service  
An tSeirbhís Náisiúnaí um Chártaíocht Tuairisc

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

### 1. Driver Information:

Applicant Name\*: NIROSH NUWAN KUMARA

PPSN

Date of birth

01 02 1996  
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b) Has your most recent licence/permit been revoked or have you been advised  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/orthosis

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 : nirosh1