## FORM D501

# **Driving Licence Medical Report Form**



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.

Family Name/Surname																	
First Name(s)																	
Current Address																	
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Date of Birth	D	D	Μ	Μ	Υ	Υ	Υ	Υ									
I, wish to undergo a medical Traffic Acts (See Note 1 Overl My application is for a drivin	eaf)							r a lea	rner p	ermi	t/drivi	ng lice	ence a	s requ	iired l	by the	e Roa
Group 1 or Group 2	V€	ehicle.	(See	note 2	overl	eaf)											
If you have in the past suffer Please indicate the date of yo				ffer fro	om epi	ilepsy,		-	D	D	Μ	М	Υ	Υ	Υ	Υ	
Signature:									D	D	Μ	Μ	Υ	Υ	Υ	Υ	-7
(To be signed in the presence	of vo	ur Me	dical I	Practic	oner)			Ĺ.	i-	i	i	i-	i-	i		L	-1

THIS FORM MUST BE SUBMITTED TO A LICENSING AUTHORITY WITH AN APPLICATION FOR A DRIVING LICENCE/LEARNER PERMIT WITHIN ONE MONTH OF ITS COMPLETION BY A MEDICAL PRACTITIONER

### **FORM D501**

## **Driving Licence Medical Report Form**



To be completed by a Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland.

- I, the undersigned registered medical practitioner report that:The applicant has signed the declaration in my presence
- I have examined the applicant by reference to the medical fitness standards required by the Road Traffic Acts and in my opinion, the applicant. (Please tick the appropriate box(es) below)

t out for vehicles in Group 1 *Group 2
3 years 5 years or 10 years (see note 3 overleaf)
ires that adaptations be made to a vehicle to meet the
The applicant needs to wear corrective lenses while driving
e applicant is fit to drive vehicles of the Group indicated from any date
D D M M Y Y Y
Date of Examination
Medical Practitioner's Telephone Number

Group 1 Vehicles and Licence Category	Group 2 Vehicles and Licence Category					
ам <i>Б</i> }	c 🌉					
A 🕏	C1					
A1 🔂	CE OO OO O					
A2 📆	C1E					
В	D W					
BE 💭 🕰	D1					
w 📆	DE					
	D1E					

#### **Explanatory Notes**

- To complete your medical examination you must go to your doctor, have your medical examination and sign this form in the presence of the doctor. When the form is completed by your doctor you must send it to a licensing authority with your learner permit/driving licence application within one month of the date of the medical examination.
- For medical fitness standards vehicles are classed as being in Group 1 or Group 2. The Table describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found on the licence application form.
  A higher standard of medical fitness is required of those drivers who hold licences for Group 2 vehicles.
- 3. A person driving a Group 2 category vehicle must be certified as medically fit every five years.
- 4. Applicants over 70 years of age can only be certified as being fit to driver for either one or three years.