FORM D.501

MEDICAL REPORT

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

M ☐ A1 ☐ A ☐ B ☐ EB ☐ W ☐ C1 ☐ C ☐ EC1 ☐ EC ☐

D1 ☐ D ☐ ED1 ☐ ED ☐

Signature: _____

Name and address of applicant in **BLOCK** letters please

Date of Birth

Day Month Year

THIS REPORT MUST:

a) **BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER WHOSE NAME IS ENTERED IN THE GENERAL REGISTER OF MEDICAL PRACTITIONERS IN IRELAND, AND**

b) **SUBMITTED TO A LICENSING AUTHORITY WITH AN APPLICATION FOR A DRIVING LICENCE OR A LEARNER PERMIT WITHIN ONE MONTH OF ITS COMPLETION**

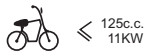
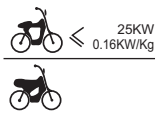
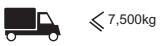
I, the undersigned registered medical practitioner, hereby report that:

- 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.

Name: _____ Date of Birth: Day ____ Month ____ Year ____

Licence Category	Description of Vehicle	For 1 year	For 3 years	For 10 years	Medically unfit to drive
M	Moped	☐	☐	☐	☐
A1 	Motorcycle up to 125cc	☐	☐	☐	☐
A 	Motorcycle over 125cc	☐	☐	☐	☐
B	Vehicle up to 3,500 kg. Max 8 passengers	☐	☐	☐	☐
EB	Car and Trailer	☐	☐	☐	☐
W	Tractors and Work Vehicles	☐	☐	☐	☐
C1 	Small Truck – less than 7,500 kg	☐	☐	☐	☐
C	Large Truck – over 3,500 kg	☐	☐	☐	☐
EC1	Small Truck and Trailer – no more than 12,000 kg	☐	☐	☐	☐
EC	Large Truck and Trailer	☐	☐	☐	☐
D1	Small Bus – max. 16 passengers	☐	☐	☐	☐
D	Large Bus – more than 8 passengers	☐	☐	☐	☐
ED1	Small Bus and Trailer – no more than 12,000 kg	☐	☐	☐	☐
ED	Large Bus and Trailer	☐	☐	☐	☐

- 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 C1, C, D1, D, EC1, EC, ED1 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: Day ____ Month ____ Year ____

Telephone Number: _____

Stamp of Medical Practitioner whose name is on register in Ireland