

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 2 Yes No Corup 2 Ye	Applicant Name	on:																	
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 Group 2 Yes b) Has your most recent licence/permit been revoked or have you been advised by a medical professional to cease driving for a period? If yes state reason () Have you ever had an epileptic seizure? Yes No If yes give the date of your last seizure /	Applicant Name.																		
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1. Applicant name standard for: a) Group 1 vehicles b) Group 2 vehicles Yes No Yes No Image: Standard for: a) Group 1 vehicles Yes No Image: Standard for: a) Group 2 vehicles Yes No Image: Standard for: Standard for: Box Yes Image: Standard for: Standard for: Box Yes Image: Standard for: Standard for: Box Standard for: Standard for: Box Yes Image: Standard for: Standard for: Box Yes Image: Standard for:	Signature of applicar	nt						_						Da	te:	/		_/_	
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d) The applicant has a physical disability requiring adaptations on vehicle to drive Yes No	a) Group 1 vehicles						/es	7	No	fo	r a peri	od of 1	yr	З у	rs	10	yrs	edical	
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e) The applicant has a limb prosthesis/orthesis Yes 🛄 No 🛄	a) Group 1 vehiclesb) Group 2 vehiclesc) The applicant need					ہ es wł	/es /es nile dr	riving	No No	fo fo	r a peri r a peri	od of 1	yr	З у	rs	10 5 y Yes	yrs rs	No	
f) Does the applicant suffer from epilepsy. (If yes please see 2.2a exceptional case criteria overleaf) Yes No	 a) Group 1 vehicles b) Group 2 vehicles c) The applicant need d) The applicant has 	a physica	al disa	abilit	y requi	es wł iring	/es /es nile dr	riving	No No	fo fo	r a peri r a peri	od of 1	yr	З у	rs	10 5 y Yes Yes	yrs rs	No	
g) Does the applicant require restrictions to be applied to his / her driving licence / learner permit (Please see overleaf 2.2b) Yes No	 a) Group 1 vehicles b) Group 2 vehicles c) The applicant need d) The applicant has e) The applicant has 	a physica a limb pi	al disa rosthe	abilit esis/o	y requi	es wł iring s	/es /es nile dr adapt	riving	No No g ns on ve	fo fo	r a peri r a peri to driv	od of 1 ; od of 1 ;	yr	З у	rs	10 5 y Yes Yes Yes	yrs rs	No No No	
Signature of Medical Practitioner Date: / /	 a) Group 1 vehicles b) Group 2 vehicles c) The applicant need d) The applicant has e) The applicant has f) Does the applicant 	a physica a limb pi suffer fr	al disa rosthe rom e	abilit esis/o pilep	y requi orthesi osy. (If y	es wh iring s es plea	Yes Yes nile dr adapt	riving ation	No No ns on ve	fo fo hicle	r a peri r a peri to drive criteria e	od of 1 od of 1 e overleaf) e / learn	yr L	3) 3)	rs	10 5 y Yes Yes Yes	yrs rs	No No No	
Note: This form must be submitted to the NDLS within one month of this dat	 a) Group 1 vehicles b) Group 2 vehicles c) The applicant need d) The applicant has e) The applicant has f) Does the applicant g) Does the applicant 	a physica a limb pi suffer fr t require	al disa rosthe rom e _l restri	abilit esis/o pilep ictior	y requi orthesi osy. (If y	es wh iring s es plea	Yes Yes nile dr adapt	riving ation	No No ns on ve	fo fo hicle	r a peri r a peri to drive criteria e	od of 1 od of 1 e overleaf) e / learn	yr L	3) 3) ermit af 2.2b)	irs	10 5 y Yes Yes Yes Yes Yes	yrs rs	No No No	

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

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

Driving Licence Medical Report Form



2.Special licence requirements including exception cases for epilepsy

a) Epilepsy:

If this does not apply mark - Not Applicable

If your patient has had an epileptic seizure within the last 12 months,

have they been declared fit to drive a group 1 vehicle (See below for vehicle categories) by a consultant neurologist under the exceptional case criteria for epilepsy shown below:

Exceptional case criteria include: First seizure; provoked seizure only in preceding year; seizure not affecting consciousness or driving ability; seizure in preceding year only on medically supervised withdrawal of antiepileptic medication; or seizure exclusively while asleep and the first such sleep seizure was a minimum of 12 months previous

b) Restricted licence recommendation	If this does not apply mark - Not A	Applicable	
limited to day-time driving (one hour after sunrise and one hour before su	unset)	Yes	No
limited to journeys within a radius of 30 km from holder's place of reside	nce.	Yes	No
limited to journeys with a speed not greater than 80 km/h		Yes	No
Signature of Medical Practitioner	Date:	/	/

Note: This form must be submitted to the NDLS within one month of this date

Vehicles are classed as Group 1 and Group 2. If you are applying for a vehicle in both Groups, please tick Group 1 and 2. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the criteria for Group 1 vehicles

Group 1 Vehicles and Licence Category	Group 2 Vehicles and Licence Category
AM 👼	C C
A 👼	C1
A1 🔁	
A2 2	
в	
BE FRANCE	
w 🚚	

Making an application for a learner permit or driving licence? Apply online now at ndls.ie

There is no need for you to complete paper forms, make appointments or visit an NDLS centre in person. All you need is your Public Service Card and your verified MyGovID for secure access to an online application at ndls.ie

Your medical report form can be uploaded when you apply online or can be posted after you make your application.

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 submit it to the National Driver Licence Service with your learner permit/driving licence application within one month of the date of the medical examination.
- 2. For medical fitness standards, vehicles are classed as being in Group 1 or Group 2. This table describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found online at ndls.ie and on the licence application form. A higher standard of medical fitness is required of those drivers who hold licences for Group 2 vehicles. Please note that Group standards apply to all categories of vehicles within that Group. Individual categories should not be marked on the table above.
- 3. A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
- 4. Applicants over 70 years of age can only be certified as being fit to drive for either one or three years.
- 5. Where appropriate the doctor may engage the services of other medical and driving professionals (e.g. consultant, occupational therapist, optometrist, on-road driving assessor) to inform their completion of this form.
- Please have your Doctor initial any alteration or change made in completing this form. This is important in assessing the validity of the document presented.
- 7. For more information on medical fitness standards see Medical Fitness to Drive Guidelines on www.ndls.ie.

