Sláinte agus Tiomáint
Medical Fitness to Drive Guidelines
Driving Safely with a Medical Condition

Promoting safer driving for the patient and the general public
What did doctors use for assessment before these Guidelines

Before

Now

Sláinte agus Tiomáint Medical Fitness to Drive Guidelines for Group 1 Group 2 Drivers (updated annually in April)
International Standards

- Different Standards Among Countries in Medical Fitness to Drive Guidelines
  - UK
  - Australia
  - New Zealand
  - Canada
  - Ireland
EU Law governing Medical Fitness to Drive

Medical Fitness to Drive standards have been harmonised under EU Directives for:

- Vision
- Diabetes
- Epilepsy
- Neurology
- Sleep Apnoea
- Cardiology
Guidelines 10 Chapters - benchmarked against best international standards

- Introduction
- Neurological disorders
- Cardiovascular
- Diabetes Mellitus
- Psychiatric disorder

- Drug & Alcohol misuse & dependence
  - Visual disorders
  - Renal disorders

- Respiratory & Sleep disorder
  - Miscellaneous conditions & older drivers
Medical Conditions and Driving

When applying for or renewing your Drivers Licence

✓ you must declare Yes or No against the list of medical conditions on Part 5 of the Driving Licence Application/ Renewal Form D401

If you answer ‘Yes’ to any of the questions 21 to 43

✓ you will also be required to submit a Medical Report dated within one month of application date

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your licence)</td>
<td>Yes</td>
</tr>
<tr>
<td>22. Diabetes treated by insulin or managed by tablets which carry a risk of inducing hypoglycaemia eg. sulphonylureas. (Ask your doctor whether you are on sulphonylureas or other medications which carry a risk of inducing hypoglycaemia.) No need to tell us if managed by diet alone or only by medications which do not carry a risk of inducing hypoglycaemia.</td>
<td>Yes</td>
</tr>
<tr>
<td>23. Epilepsy</td>
<td>Yes</td>
</tr>
<tr>
<td>24. Stroke or TIA’s1 with any associated symptoms lasting longer than one month</td>
<td>Yes</td>
</tr>
<tr>
<td>25. Fits or blackouts</td>
<td>Yes</td>
</tr>
<tr>
<td>26. Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour</td>
<td>Yes</td>
</tr>
<tr>
<td>27. An implanted cardiac pacemaker</td>
<td>Yes</td>
</tr>
<tr>
<td>28. An implanted cardiac defibrillator (ICD)2</td>
<td>Yes</td>
</tr>
<tr>
<td>29. Repeated attacks of sudden disabling dizziness</td>
<td>Yes</td>
</tr>
<tr>
<td>30. Any other chronic neurological condition such as multiple sclerosis, motor neuron disease or Huntington’s disease</td>
<td>Yes</td>
</tr>
<tr>
<td>31. A serious problem with memory or periods of confusion1</td>
<td>Yes</td>
</tr>
<tr>
<td>32. Persistent alcohol misuse or dependency</td>
<td>Yes</td>
</tr>
<tr>
<td>33. Persistent drug misuse or dependency</td>
<td>Yes</td>
</tr>
<tr>
<td>34. Serious psychiatric illness or mental health problems3</td>
<td>Yes</td>
</tr>
<tr>
<td>35. Parkinson’s disease</td>
<td>Yes</td>
</tr>
<tr>
<td>36. Sleep Apnoea syndrome</td>
<td>Yes</td>
</tr>
<tr>
<td>37. Narcolepsy</td>
<td>Yes</td>
</tr>
<tr>
<td>38. Any condition affecting your peripheral vision</td>
<td>Yes</td>
</tr>
<tr>
<td>39. Total loss of sight in one eye</td>
<td>Yes</td>
</tr>
<tr>
<td>40. Any condition affecting both eyes, or the remaining eye if you only have one eye (not including colour blindness or short or long sight)</td>
<td>Yes</td>
</tr>
<tr>
<td>41. A serious hearing deficiency which has worsened since your last application/renewal</td>
<td>Yes</td>
</tr>
<tr>
<td>42. Severe learning disability1</td>
<td>Yes</td>
</tr>
<tr>
<td>43. (a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle</td>
<td>Yes</td>
</tr>
<tr>
<td>43. (b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle</td>
<td>Yes</td>
</tr>
<tr>
<td>43. (c) If you have ticked yes to 43(a) or 43(b) has your condition deteriorated since your last application/renewal.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
D501 Medical Report Form

Guide to completion of D501 form for NDLS

Thank you for helping us to promote safety on our roads.
Medical Report D501

Driving Licence Medical Report Form

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

1. Driver Information:
   a. Applicant name:
   b. Date of birth:
   c. Driver number:
      i. PPIN:
      ii. Medical Practitioner:

2. Special Licence requirements including exception cases for epilepsy:
   a. If your patient has had an epileptic seizure within the last 12 months, have they been declared fit to drive a Group 1 vehicle? Yes / No
   b. If yes, state reason:
   c. Have you ever had an epileptic seizure? Yes / No
   d. Have you ever been advised by a medical professional to cease driving for a period? Yes / No

Part 2 to be completed by a Medical Practitioner on the Irish Medical Council Register (Specialist or General)

1. Applicant name:
2. Group 1 vehicles:
   a. For a period of 3 years or more:
   b. For a period of 1 year:
   c. Driver needs to wear corrective lenses while driving?
   d. Driver has a physical disability requiring adaptations on vehicle to be driven?
   e. Driver has a hearing problem (does not suffer from epilepsy) or any other medical condition?
   f. Driver has a licence which is not current?
   g. Driver requires restrictions to be applied to his/her driving licence?

Signature of Medical Practitioner:

Medical Practitioner telephone number:

I. Medical Council Registration Number:

Part 2 Continued Next Page

EXPLANATORY NOTES:
1. To complete your medical examination you must go to your doctor and have your medical examination and sign the form in the presence of the doctor. When your licence is completed by your doctor you must submit it to the National Driver Licensing Service with your licence to the driving licence application form.
3. If you have any questions about the medical licence standards or are unsure about any of the medical licence categories, you should consult a medical professional.

D501 Medical Report must only be signed by the doctor if it is printed as a double sided form (otherwise your application will be refused).

This is necessary for the security of the process.
Medical Report D501 – Part 1 to be completed by the driver

Remember to check your form is completed properly to avoid delay

Driving Licence Medical Report Form

Compulsory for all applicants to complete

- All driver must complete this section on page 1 giving details including name and address, DOB and PPSN
- All drivers must mark the category of licence they are applying for
  - Group 1
  - Group 2 – (if applying for Group 2 tick both group 1 and 2)
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 ____________________________

Compulsory for all applicants to complete

☑ If the answer is Yes you must give the reason

If you suffer from Epilepsy you must give the date of your last seizure.
Your doctor may if relevant to you give further details on page 2

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: ___/___/______

Compulsory all applicants must sign and date application in presence of their doctor
Medical Report D501- Part 2
to be completed by a medical doctor

The doctor must answer both the question for
✓ Group 1 and Group 2 and indicate the length of
licence to be given to the driver
Mark N/A for Group 2 if this category is not relevant to this driver.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth (DOB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Group 1 vehicles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Group 2 vehicles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) The applicant needs to wear corrective lenses while driving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) The applicant has a physical disability requiring adaptations on vehicle to drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) The applicant has a limb prosthesis/orthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Does the applicant suffer from epilepsy. If yes please see 2.2a exceptional case criteria overleaf.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Does the applicant require restrictions to be applied to his/her driving licence/learner permit. Please see overleaf 2.2b.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Compulsory Questions
✓ Doctor must answer Yes or No to each of these questions
Medical Report D501- Part 2

to be completed by a medical doctor

Compulsory
✓ Doctor’s signature
✓ Date
✓ Doctor’s/Practice stamp
✓ Doctor’s telephone number
✓ Doctor’s IMC Registration Number

Part 2 (continued) to be completed by Medical Practitioner

2. Special licence requirements including exception cases for epilepsy

a) Epilepsy:

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:

- [ ] Yes
- [ ] No

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.

Epilepsy (Group 1 drivers only)
If the driver on Page 1 has given the date of their last epileptic attack as less than 12 months ago
Doctor may mark the box to indicate
✓ that they reach the exceptional case criteria and
✓ that the driver has been assessed as fit by a consultant neurologist
Otherwise mark NO in previous section
➢ does not meet Group 1 standards
Medical Report D501- Part 2
to be completed by a medical doctor

b) Restricted licence recommendation
If none are to be applied mark - Not Applicable

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

Signature of Medical Practitioner __________________________
Date: ____ / ____ / ____

Must be submitted to the NDLS within 1 month of this date

Restricted licence recommendations
✓ If the Doctor has answered Yes to Part 2, Question 1, Section G, then they should specify such restriction(s) here

Compulsory
✓ Doctors signature
✓ Doctors/Practice stamp

Remember to check your form is completed properly to avoid a delay in your application
Medical Report D501 – Explanatory Notes – to be read carefully by the driver and the medical doctor

Read the Explanatory Notes on page 2 carefully, and note the following:
1. The Form must be submitted within 1 month of the medical examination date
6. Any alteration or change made to this Medical Form must be initialled by your Doctor.

1. 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. The graphic above 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. 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.
6. 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.
Thank you for helping us to promote safety on our roads.