



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

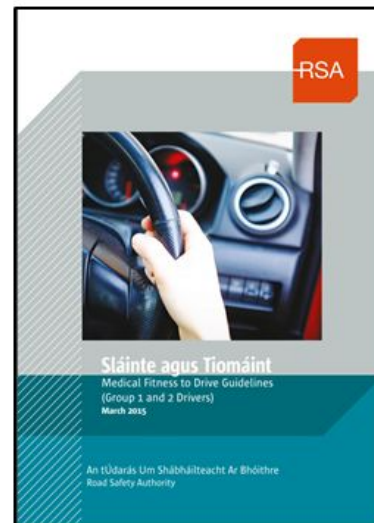


Údarás Um Shábháilteacht Ar Bhóithre
Road Safety Authority

Sláinte agus Tiomáint *Medical Fitness to Drive Guidelines*

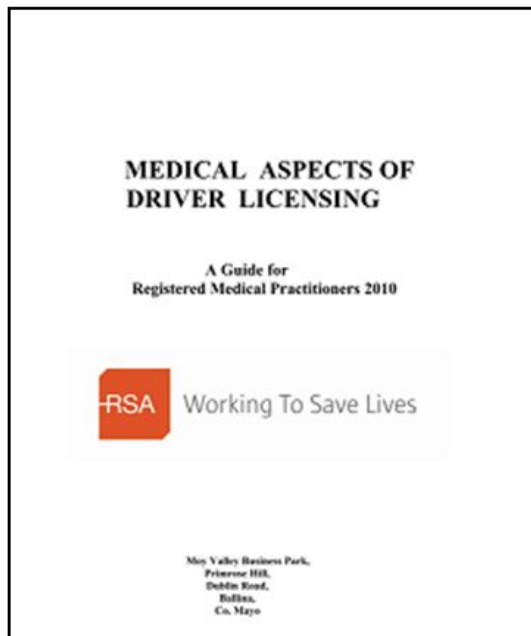
Driving Safely with a Medical Condition

Promoting safer driving for the patient and the general public



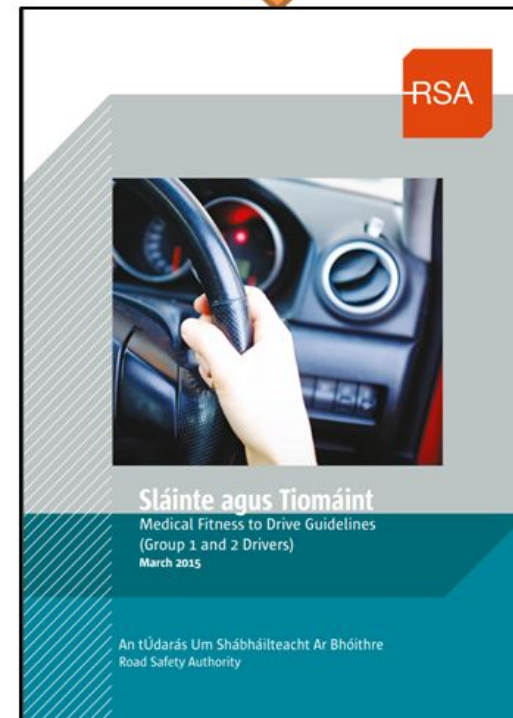
What did doctors use for assessment before these Guidelines

Before



Now

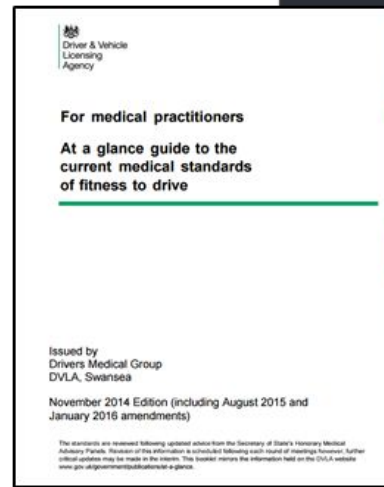
Sláinte agus Tiomáint Medical Fitness to Drive Guidelines for Group 1 Group 2 Drivers (updated annually in April)



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

21.* Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your licence) Yes <input type="checkbox"/> No <input type="checkbox"/>	31.* A serious problem with memory or periods of confusion ³ Yes <input type="checkbox"/> No <input type="checkbox"/>
If in the past you answered 'Yes' to this question and are now answering 'No' you must provide a current eyesight report with your application.	32.* Persistent alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/>
Health and Fitness	33.* Persistent drug misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had, or do you currently suffer from, any of the following conditions?	34.* Serious psychiatric illness or mental health problems ³ Yes <input type="checkbox"/> No <input type="checkbox"/>
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. Yes <input type="checkbox"/> No <input type="checkbox"/>	35.* Parkinson's disease Yes <input type="checkbox"/> No <input type="checkbox"/>
23.* Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/>	36.* Sleep Apnoea syndrome Yes <input type="checkbox"/> No <input type="checkbox"/>
24.* Stroke or TIAs ¹ with any associated symptoms lasting longer than one month Yes <input type="checkbox"/> No <input type="checkbox"/>	37.* Narcolepsy Yes <input type="checkbox"/> No <input type="checkbox"/>
25.* Fits or blackouts Yes <input type="checkbox"/> No <input type="checkbox"/>	38.* Any condition affecting your peripheral vision Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Yes <input type="checkbox"/> No <input type="checkbox"/>	39.* Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/>
27.* An implanted cardiac pacemaker Yes <input type="checkbox"/> No <input type="checkbox"/>	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) Yes <input type="checkbox"/> No <input type="checkbox"/>
28.* An implanted cardiac defibrillator (ICD) ² Yes <input type="checkbox"/> No <input type="checkbox"/>	41.* A serious hearing deficiency which has worsened since your last application/renewal Yes <input type="checkbox"/> No <input type="checkbox"/>
29.* Repeated attacks of sudden disabling dizziness Yes <input type="checkbox"/> No <input type="checkbox"/>	42.* Severe learning disability ³ Yes <input type="checkbox"/> No <input type="checkbox"/>
30.* Any other chronic neurological condition such as multiple sclerosis, motor neurone disease or huntington's disease Yes <input type="checkbox"/> No <input type="checkbox"/>	43.* (a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>
	43.* (b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>
	43.* (c) If you have ticked yes to 43(a) or 43(b) has your condition deteriorated since your last application/renewal. Yes <input type="checkbox"/> No <input type="checkbox"/>



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Údarás Um Shábháilteacht Ar Bhóithre
Road Safety Authority

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 Pg 1&2

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:

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 **Group 1** Yes No (see page 2 for vehicle categories). **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/orthesis 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 of Medical Practitioner: _____ Date: ____ / ____ / ____

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

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

PART 2 CONTINUED NEXT PAGE

Driving Licence Medical Report Form



Part 2 (continued) to be completed by Medical Practitioner

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: 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

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

limited to day-time driving (one hour after sunrise and one hour before sunset) Yes No

limited to journeys within a radius of 30 km from holder's place of residence. Yes No

limited to journeys with a speed not greater than 80 km/h Yes No

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

Must be submitted to the NDLS within 1 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
A	C1
A1	CE
A2	C1E
B	D
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 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.
- 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.
- A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
- Applicants over 70 years of age can only be certified as being fit to drive for either one or three years.
- 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.

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



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

1. Driver Information:

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 1 Yes No

Group 2 Yes No

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)

VEHICLES IN GROUP 1 AND GROUP 2

Group 1 Vehicle and Licence Category	Group 2 Vehicle and Licence Category
AM	C
A	C1
A1	C2
A2	C3
B	D
B2	D1
M	D2

Medical Report D501 – Part 1 to be completed by the driver - continued

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 _____

Compulsory for all applicants to complete

- ✓ If the answer is Yes you must give the 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)

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

1. Applicant name _____	DOB ____ / ____ / ____	meets the relevant medical fitness			
a) Group 1 vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	for a period of 1 yr <input type="checkbox"/>	3 yrs <input type="checkbox"/>	10 yrs <input type="checkbox"/>
b) Group 2 vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	for a period of 1 yr <input type="checkbox"/>	3 yrs <input type="checkbox"/>	5 yrs <input type="checkbox"/>

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.

c) The applicant needs to wear corrective lenses while driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) The applicant has a physical disability requiring adaptations on vehicle to drive	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) The applicant has a limb prosthesis/orthosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Does the applicant suffer from epilepsy. If yes please see 2.2a exceptional case criteria overleaf.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Does the applicant require restrictions to be applied to his / her driving licence / learner permit. <small>Please see overleaf 2.2b.</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Signature of Medical Practitioner _____ Date: ____/____/____
Must be submitted to the NDLS within 1 month of this date

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

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 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: 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

limited to day-time driving (one hour after sunrise and one hour before sunset) Yes No

limited to journeys within a radius of 30 km from holder's place of residence. Yes No

limited to journeys with a speed not greater than 80 km/h 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

Signature of Medical Practitioner _____ Date: ___/___/___

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

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.



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