

# 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.

Driver number

First name(s)

Surname

Address 1

Address 2

Town/City

County  Postcode

Date of birth     
Day Month Year

PPSN

**(Please X the appropriate box)**

I wish to undergo a medical examination on foot of my application for a learner permit/driving licence as required by the Road Traffic Acts. (See note 1 overleaf).

My application is for a driving licence/learner permit as a driver of a **Group 1**  or **Group 2**  vehicle. (See note 2 overleaf).

If you have in the past suffered or currently suffer from epilepsy, please indicate the date of your last seizure.

Day Month Year















Signature

(To be signed in the presence of your Medical Practitioner)

Day Month Year

**This form must be submitted to National Driver Licence Service with an application for a driving licence/learner permit within one month of its completion by a Medical Practitioner.**

**VEHICLES IN GROUP 1 AND GROUP 2**

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 