

# FORM D501

## 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.

Family Name/Surname

First Name(s)

Current Address


Date of Birth

D	D	M	M	Y	Y	Y	Y

**(Please ✓ 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.

D	D	M	M	Y	Y	Y	Y
















Signature: \_\_\_\_\_

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

D	D	M	M	Y	Y	Y	Y

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

**FOR REFERENCE ONLY**

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 

# FORM D501

## Driving Licence Medical Report Form



To be completed by a Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland.

I, the undersigned registered medical practitioner report that:

- The applicant has signed the declaration in my presence
- I have examined the applicant by reference to the medical fitness standards required by the Road Traffic Acts and in my opinion, the applicant. **(Please ✓ the appropriate box(es) below):**

Meets the prescribed medical fitness standard set out for vehicles in Group 1. Yes  No

Meets the prescribed medical fitness standard set out for vehicles in Group 2. Yes  No

Is fit to drive for a period of:

Group 1 Vehicles and Licence Category  1 year  3 years  10 years

Group 2 Vehicles and Licence Category  1 year  3 years  5 years (See note 3 below with maximum duration of a licence for Group 2 drivers).

The applicant has a physical disability requiring adaptations be made to a vehicle to meet the requirements of their disability. Yes  No

The applicant has had a limb prosthesis/orthesis. Yes  No

The applicant needs to wear corrective lenses while driving. Yes  No

Is medically unfit to drive. Yes  No

My opinion as to (INSERT APPLICANTS NAME IN BLOCK CAPITALS) \_\_\_\_\_  
medical fitness is that he/she is fit to drive vehicles of the Group indicated from any date up to four calendar months from today's date.

Signature: \_\_\_\_\_

Date of Examination:

D	D	M	M	Y	Y	Y	Y

Stamp of Medical Practitioner whose name is on the  
General Register of Medical Practitioners in Ireland

Medical Practitioner's Telephone Number

### EXPLANATORY NOTES

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 send it to a licensing authority 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 Table overleaf 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 overleaf.**
3. A person driving a Group 2 category vehicle must be certified as medically fit 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.