



Medical  
Certificate  
**A**

**MEDICAL CERTIFICATE OF FITNESS FOR SCHOOL  
BUS CONTRACTORS/NOMINATED DRIVERS  
AGED 65 YEARS AND UNDER**

**DECLARATION BY APPLICANT**

*(to be signed by the Applicant in the presence of a Medical Practitioner on the Irish Medical Council Register)*

APPLICANTS FIRST NAME:		SCHOOL TRANSPORT OFFICE LOCATION:	
APPLICANTS SURNAME:			
ADDRESS: (LINE 1):			
ADDRESS: (LINE 2):			
ADDRESS: (LINE 3):			
COUNTY:		POST CODE:	
DATE OF BIRTH:		APPLICANT CONTACT NUMBER:	

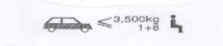
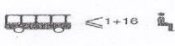
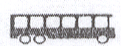
**MEDICAL REPORT** *(to be completed by a Medical Practitioner on the Irish Medical Council Register)*

I, the undersigned **Registered Medical Practitioner**, hereby report that:

- a) The Applicant has signed the above declaration in my presence.  
 b) I have examined the Applicant by reference to:
- the relevant aspects and the minimum standards of physical and mental fitness prescribed in the Road Traffic Acts.
  - the **RSA Sláinte agus Tiomáint Medical Fitness to Drive Guidelines** (Group 1 and 2 Drivers) (copy available upon request from local Bus Éireann School Transport office)  
[www.ndls.ie/images/PDF\\_Documents/NDLS\\_Sla%C4%A3inte\\_Tioma%C4%A3int\\_2021\\_WEB.pdf](http://www.ndls.ie/images/PDF_Documents/NDLS_Sla%C4%A3inte_Tioma%C4%A3int_2021_WEB.pdf)

And **in my opinion** the Applicant *(please  as appropriate)*:

- c)  **is fit** to drive vehicles of the categories set out below **or**  
 d)  **is not fit** to drive vehicles of the following categories and groups *(tick 'c' or 'd' as appropriate)*  
 e)  has a **physical disability** requiring adaptations be made to the vehicle  
 f)  needs to wear **corrective lenses** while driving

Licence Categories	Description of vehicle	Fitness	Comments by Registered Medical Practitioner
<b>B</b> (Group 1) 	Vehicle up to 3500kg, max. 8 passengers	Yes <input type="checkbox"/> or No <input type="checkbox"/>	
<b>D1</b> (Group 2) 	Small bus – up to 16 passengers	Yes <input type="checkbox"/> or No <input type="checkbox"/>	
<b>D</b> (Group 2) 	Large bus - more than 16 passengers	Yes <input type="checkbox"/> or No <input type="checkbox"/>	

**Applicant Signature:**

*(signed in the presence of Medical Practitioner)*

**Signature of Medical Practitioner:**

Print Medical Practitioner Name:

**Irish Medical Council Registration Number:**

**Date of Medical Examination:**

*(Must be submitted to Bus Éireann within 6 months of this date)*

DD – MM – YYYY

Medical Practitioner Contact Number:

STAMP OF  
REGISTERED MEDICAL PRACTITIONER  
WHOSE NAME IS ON THE IRISH MEDICAL  
COUNCIL REGISTER