



Medical Certificate
B

MEDICAL CERTIFICATE OF FITNESS FOR SCHOOL BUS CONTRACTORS/NOMINATED DRIVERS AGED 66 YEARS AND UNDER 70 YEARS

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:	



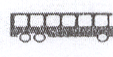
MEDICAL REPORT *(to be completed by a Medical Practitioner on the Irish Medical Council Register)*

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

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 Period	Comments by Registered Medical Practitioner
B (Group 1) 	Vehicle up to 3500kg, max. 8 passengers	6 Months <input type="checkbox"/> or 1 Year <input type="checkbox"/>	
D1 (Group 2) 	Small bus – up to 16 passengers	6 Months <input type="checkbox"/> or 1 Year <input type="checkbox"/>	
D (Group 2) 	Large bus - more than 16 passengers	6 Months <input type="checkbox"/> or 1 Year <input type="checkbox"/>	

Applicant Signature: <i>(signed in the presence of Medical Practitioner)</i>		<div style="border: 2px dashed black; padding: 10px;"> <p>STAMP OF REGISTERED MEDICAL PRACTITIONER WHOSE NAME IS ON THE IRISH MEDICAL COUNCIL REGISTER</p> </div>
Signature of Medical Practitioner:		
Print Medical Practitioner Name:		
Irish Medical Council Registration Number:		
Date of Medical Examination: <i>(Must be submitted to Bus Éireann within 6 months of this date)</i>	DD – MM – YYYY	
Medical Practitioner Contact Number:		