

DECLARATION BY APPLICANT

(to be signed by the applicant in the presence of a registered medical practitioner)

NAME:		OFFICE LOCATION:	
ADDRESS:			
PPS No.			
DATE OF BIRTH:		HOME TELEPHONE NO.	

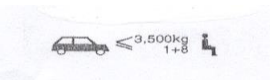
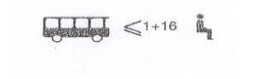

MEDICAL REPORT (to be completed by a registered medical practitioner).

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 Eireann School Transport office)
www.rsa.ie/RSA/Licensed-Drivers/Safe-driving/Medical-Issues/

And in my opinion the applicant:

- 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	For 6 Months	For 1 Year
B (Group 1) 	Vehicle up to 3500kg, max. 8 passengers		
D1 (Group 2) 	Small bus – up to 16 passengers		
D (Group 2) 	Large bus - more than 16 passengers		

Signature _____
(of Applicant)

Signature _____
(Registered Medical Practitioner)

Print Name _____



Date of Medical Examination:

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 Telephone No:

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