Bus Éireann
www.buseireann.ie

(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 registered medical practitioner)

NAME:		**OFFICE LOCATION:**	
ADDRESS:			
DATE OF BIRTH:		**CONTACT NUMBER:**	

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/

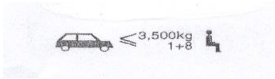
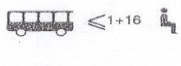
And in my opinion the applicant (*please ✓as appropriate*):

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	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		

Applicant Signature _____
(to be signed by the applicant in the presence of a Registered Medical Practitioner)

Signature _____
(Registered Medical Practitioner)

Print Name _____

STAMP OF
REGISTERED MEDICAL PRACTITIONER

Date of Medical Examination:	D	D	M	M	Y	Y	Y	Y	**Contact Number:**	