

**DECLARATION BY APPLICANT**

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

<b>NAME:</b>		<b>OFFICE LOCATION:</b>	
<b>ADDRESS:</b>			
<b>DATE OF BIRTH:</b>		<b>CONTACT NUMBER:</b>	

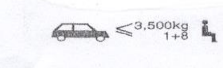
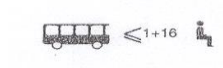
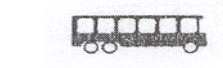
**MEDICAL REPORT (to be completed by a Registered Medical Practitioner).**

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/](http://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	Fitness	Comment by GP
<b>B</b> (Group 1) 	Vehicle up to 3500kg, max. 8 passengers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>D1</b> (Group 2) 	Small bus – up to 16 passengers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>D</b> (Group 2) 	Large bus - more than 16 passengers	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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
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**Contact Number:** \_\_\_\_\_