










Licence Category	Description of vehicle	For 1 yr	For 3 yrs	For 10 yrs	Medically unfit to drive
C1  ≤ 7,500kg	Small truck - less than 7,500 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 	Large truck -over 3,500 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC1  ≤ 12,000kg	Small truck and trailer - no more than 12,000 Kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC 	Large truck and trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1  ≤ 1+16 	Small bus - max 16 passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 	Large bus - more than 8 passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ED1  ≤ 12,000kg	Small bus and trailer - no more than 12,000 Kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ED 	Large bus and trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ the applicant has a physical disability which requires that adaptations be made to a vehicle to meet the requirements of his/her disability

Yes No

■ the applicant has had a limb prosthesis/orthosis

Yes No

■ the applicant needs to wear corrective lenses while driving

Yes No

■ the applicants fitness to drive does not appear to need review

At all*

* ***This box cannot be ticked if the applicant is applying for a licence incorporating entitlement to drive buses or trucks +/- trailer i.e. vehicles of categories C1, C, D1, D, EC1, EC, ED1 or ED***

NB Applicants over 70 years of age can only be certified as being fit to drive for either 3 years or 1 year

Signature _____

Date of Medical Examination: Day Mth Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number

Stamp of
Registered Medical Practitioner