



For use of registered medical practitioners ONLY

Patient details *(please print)*

Title: *(Mr / Mrs / Ms:)*

Surname: Given names:

Full address:

Date of birth: Licence no.: *(if known)*

Assessment of fitness to drive

I have examined the above named patient in accordance with the relevant national medical standards as set out in *Assessing Fitness to Drive* to the following standards:

Private driver standards Commercial driver standards

I have known / treated the patient for years.

In my opinion, the person subject to the report: *(please tick one of the two options below)*

Option 1 - does not meet the relevant medical criteria for an unconditional or conditional driver licence

Please describe the nature of the condition and the medical criteria not met:

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Option 2 - meets the relevant medical criteria for a conditional driver licence

Please provide information to support the consideration of a conditional driver licence, including the nature of the condition, evidence of the medical criteria met and consideration to the nature of the driving task:

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