



# Medical Condition Notification Form

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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