

## Personal statement of the candidate for driving licence group 2

(RD 23.03.1998 on the driving licence)

Name:

Address:

Date of birth:

Place of birth:

National register number (optional):

Category and/or sub-category of **CURRENT** driving licence:

A3    A    B    B+E    C    C+E    C1    C1+E    D    D+E    D1    D1+E

Issued in: ..... No. ....

Valid to:

Candidate for a driving licence valid for the category: .....

In the following case:

Date of last medical examination:

Name of the examining doctor:

**Questionnaire, to be completed by candidate** (cross the appropriate boxes)

	Yes	No
1. Are you being or have you been treated for a disorder of the central or peripheral nervous system, a brain haemorrhage, brain injury, a skull fracture or a coma?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you being or have you been treated for significant disorders affecting your judgement, perception, adaptability or a disorder of the psychomotor responses?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you being or have you been treated for a mental health problem or any other psychiatric issue?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have significant adaptation problems which may be expressed in an inappropriate driving style, exaggerated risk-taking or uncontrolled behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you being or have you been treated for epilepsy, diminution of consciousness, sudden short or long-term loss of consciousness, sudden paralysis, dizziness or balance issues?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have abnormal fatigue or a tendency to fall asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you snore when you are asleep?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you being or have you been treated for heart or vascular disease, a heart arrhythmia or circulatory issues, a heart attack or blood pressure problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you lack the usual use of an arm, hand and/or fingers, a leg and/or foot, or the corresponding joints?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you being or have you been treated for diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you been treated for an eye disease by an optometrist?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had an operation on your eye(s) or laser surgery?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you wear spectacles or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is your eyesight, sharpness and/or field of vision deficient in any way?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is your sight inadequate during twilight hours or in darkness?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you dependent on the use of alcohol, drugs or excessive use of medicines, or are you being treated for any of these issues?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you use medicines that could affect your awareness, observation skills, judgement or other regular functions, such as sedatives, sleeping pills, stimulants, anti-depressants, or other psycho-pharmaceuticals?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have a liver or kidney disorder?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had an organ transplant or do you have another artificial implant which could affect your ability to drive?	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, hereby declare that I have provided the above information and completed the questionnaire truthfully and that I am not affected by any other diseases or illnesses that could negatively impact upon my ability to drive a vehicle from category or sub-category group 2, even temporarily.

Signature

Date: \_\_\_/\_\_\_/\_\_\_

The details entered on this form, in accordance with the provisions of the Royal Decree of 23 March 1998 on the driving licence, shall be processed for the purposes of managing medical examinations, with a view to obtaining a driving licence by and under the responsibility of ATTENTIA Prevention & Protection, External Services. If you would like to review the information that refers to you and, in such a case, wish to rectify any details, you must contact ATTENTIA Prevention & Protection, External Services for Prevention & Protection.