

Form for information on health in connection with the issue of a driving licence

Approved by the Health Authority

SECTION A

All questions on this page must be answered before the medical examination. If your name, address and ID No. are not already printed in the form, you are requested to enter the details in capital letters. Once the doctor has studied your answers to the individual questions, you must sign the form at the bottom of this page **in the presence of the doctor**.

Name:		ID No.:	
Address:		Post Code and Town:	

Are you applying for a driving licence in the category under group 1, group 2 or possibly both groups? (Please tick off)

Group 1: A (motorbike) B (standard car) T/M Tractor/motorized equipment
 B/E (ordinary car with large trailer)

Group 2: C (lorry) D) Bus C/E or D/E (lorry or bus with big trailer)
 Driving licence for commercial transport of persons: Trade B (taxi) Trade D (bus)
 Attestation of approval as driving instructor

The questions must be answered by ticking off either yes or no

yes **no**

	yes	no
Have you previously held a driving licence?		
Has the issue of a driving licence ever been denied you because of health reasons?		
A Are you suffering from double vision?		
Do you suffer from night blindness (i.e. do you find it difficult to find your way in darkness)?		
Are you using glasses with strength above +8?		
B Do you suffer from impaired hearing?		
C Are you in full control of your arms and legs?		
Are you suffering from diminished flexibility of your neck?		
D Do you suffer or have you in the past suffered from heart or vascular system diseases?		
E Are you suffering from diabetes?		
F Are you suffering or have you suffered from epilepsy or other nervous system diseases?		
Have you suffered from attacks of dizziness, fainting or cramps within the last five years?		
G Have you suffered from psychological diseases?		
Are you having memory or orientation problems?		
H Are you taking hallucinogens or traffic endangering medicines (such as strong pain killers, relaxing or sleeping pills?)		

The doctor's certificate on the following pages (Section B) must be completed by your personal doctor. If another doctor completes the certificate, you must provide a satisfactory reason for this.

I have answered the questions above under liability to punishment in compliance with Penal Code § 163.*

Date and year

Applicant's signature

*Penal Code §163: The person who, for the use of legal proceedings which concern the public, in writing or through other readable media makes a wrongful statement or attests to something which the person has no knowledge of, will be punished with a fine or prison up to four months.

Applicant's ID No.

Doctor's stamp and signature

SECTION B

Doctor's Certificate

The purpose of a doctor's statement is to give the personnel in the counties and at the driving licence offices of the police information to be used when assessing whether or not an applicant meets the health requirements so as to be issued with a driving licence or have it renewed. Therefore, as far as possible, Danish, or alternatively generally understandable terms for diseases, anatomic conditions etc. should be used. Additional information should be listed on page 4.

A 1. Strength of Vision

	Without correction	With correction
Right eye:		
Left eye:		
Binocularly (both eyes simultaneously):		
<p>The strength of vision is to be examined on each eye separately as well as binocularly (both eyes simultaneously). The strength of vision may be recorded as a fraction or as a decimal place. When using the fraction, the counter (numerator) is the distance to the vision board in meters (normally 6), and the denominator is the term on the line of the vision board where all letters can be read. If the vision board does not contain the levels of the strength of the vision which are part of the legal notice as the marginal value, the closest higher level on the board must be met. For example, if you measure the strength of vision on a Snellen Board, the strength of vision 0,6 is only met when the candidate sees all letters in the 6/9 line (corresponding to strength of vision 0,67).</p>		

Does the candidate suffer from:

Yes No

A 2. Reduced Vision? ----->

When examining reduced vision on one or both eyes, the vision must be carefully assessed by the ophthalmologist, and an updated report by the ophthalmologist must be attached with information on whether vision requirements have been met.

The vision area's outer limits are determined by a.m. Donders in the horizontal plane, the vertical plane as well as in the sloping meridians in order to find possible quadrant- or hemianopsies. The doctor should stand in front of the candidate and place his hand on the middle plane between himself and the candidate as far from the periphery as possible. The doctor now asks the candidate whether s/he can see the hand and, in the affirmative, whether s/he can see the fingers moving or being kept immobile. The doctor now moves his hand slightly further in along the meridian and repeats the procedure. The point at which the candidate can determine whether the doctor's fingers move or not, indicates the vision area's outer limit in the meridian referred to.

For group 1 categories the binocular vision area on the horizontal plane must be at least 120°. At the same time the vision area outwards to 50° on the right as well as on the left of the fixation point and outwards to 20° upwards as well as downwards of the fixation point must be maintained.

For group 2 categories, the binocular vision area in the horizontal plane should be at least 160°. At the same time, the vision area outwards to 70° on the right as well as on the left of the fixation point and outwards to 30° upwards as well as downwards of the fixation point must be maintained.

A3. Eye Disease? ----->

(The question) must be answered in the affirmative if the candidate has eye diseases impacting on the capacity to see. Error of refraction and/or a cataract operation shall not be mentioned. Under "Supplementary Information" diagnosis may be noted. In case of a progressive disease, an updated assessment by the ophthalmologist may be attached.

B 1. Reduced Hearing? ----->

Both ears must be examined simultaneously at 4 meters' distance. The question must be answered in the affirmative, if ordinary talking voice cannot be heard without the use of a hearing aid.

C 1. Disease or deformity in the mobility system? ----->

(The question) must be answered in the affirmative if, for instance, the candidate suffers from movement limitations in back or neck impeding orientation capability backwards, or if s/he has congenital deformities including reduced controlling capability or reduced limb strength important for servicing of the steering wheel, pedals or instruments, or if s/he has totally rigid joints or joints with reduced mobility. Under "Supplementary Information" objective findings and diagnoses may be noted. An updated and relevant assessment by a specialist may be attached if the condition is progressing/(or) has not been stable during the last 5 years.

D 1. Cardiac disease? ----->

(The question) must be answered in the affirmative if the candidate has serious problems with heart rhythm or angina pectoris, or if the candidate has suffered a cardiac infarct, is using a pacemaker/OCD or has had heart operation within the last five years. Well-treated high blood pressure and/or asymptomatic auricular fibrillation do not need to be mentioned.

Under "Supplementary Information" diagnosis and prescribed medicine, symptoms such as lack of compensation, angina pectoris (stable/unstable) or arrhythmia may be noted. Blood pressure is to be noted only in case of cardiac disease. The time for a possible cardiac infarct or cardiac operation must be mentioned. An updated assessment by a specialist in cardiology may be attached in the event that the condition has not been stable during the last five years.

Applicant's ID No.

Doctor's stamp and signature

Does the candidate suffer from:

Yes No

E 1. Diabetes which is not treated with medication? ----->

E 2. Diabetes which is treated with medication which cannot cause hypoglycaemia? ----->

E 3. Diabetes which is treated with medication which can cause hypoglycaemia? ----->

(The question) must be answered in the affirmative if the candidate has been diagnosed with diabetes. Under "Supplementary Information", the time for the diagnosis and treatment must be noted as well as whether there have been attacks of hypoglycaemia. In the affirmative case: how often and when last?

The diabetes form must be completed/attached under group 2 application if the applicant is treated with medication which can cause hypoglycaemia (insulin a.o.), and under group 1 application if the diabetes condition is unstable or has caused complications.

F 1. Generalised cramps or epilepsy? ----->

(The question) must be answered in the affirmation if there have been attacks of grand mal (cramps with loss of consciousness), petit mal (absences) and other epileptic manifestations. Under "Supplementary Information" the time for the diagnosis must be noted as well as how often the disease has occurred during the last 10 years, when the last attack took place as well as prescribed medicine, type, doses and, possibly, time when it was discontinued. Updated neurological assessment by specialist must be attached in case the condition has not been stable during the last five years.

F 2. Consciousness disorder or dizziness? ----->

(The question) must be answered in the affirmative if the candidate has suffered from consciousness disorder or dizziness within the last five year. Under "Supplementary Information", the circumstances during the attacks, possibly provoking factors, frequency, and when the latest attack took place and, if possible, the diagnoses should be noted. Updated and relevant assessment by a specialist may be attached in the event that the condition has not been stable during the last five years.

F 3. Other neurological ailment? ----->

(The question) must be answered in the affirmative if there is information available about other neurological ailments which can impact negatively on the ability to drive a motor vehicle. Under "Supplementary Information" the diagnosis as well as the time for the diagnosis, if available, must be noted. Updated assessment by a specialist in neurology may be attached in the event that the condition has not been stable during the last five years.

G 1. Psychological disease? ----->

(The question) must be answered in the affirmative if the candidate has serious psychological ailments, is psychologically inhibited in (his/her) development or seriously mentally retarded. Under "Supplementary Information" the diagnosis, the candidate's present condition as well as the type and doses of, possibly, medical treatment should be mentioned. Updated assessment by a specialist in psychiatry may be attached in the event that the condition has caused admission (to hospital) within the recent years.

G 2. Mental impairment or cognitive problems? ----->

(The question) must be answered in the affirmative if the candidate has seriously diminished judgement ability or seriously diminished mental or cognitive function. The examination for cognitive function levels (timepiece test and word recollection) must be carried out at renewal of driving licence from the 70th year. Only in the affirmative, under "Supplementary Information" it should be noted: Has the candidate has been informed about time and own data? How is the timepiece test being executed with indication of 11:10 or 16:40? Are the digits present and correctly positioned? Are the hands present and correctly positioned? How many of three learned words are remembered after diversion?

H 1. Alcohol abuse? ----->

(The question) must be answered in the affirmative if the doctor has knowledge of the candidate having or having had a dependency syndrome (chronic alcohol abuse). Under "Supplementary Information" is described: the abuse or the nature, extent and duration of the consumption should be mentioned, as well as during which period the candidate possibly has been abstinent. In case of doubt, an updated assessment from a specialist in psychiatry may be attached.

H 2. Consumption of hallucinogenic drugs? ----->

(The question) must be answered in the affirmative if the doctor has knowledge of the candidate having or having had a dependency syndrome. Under "Supplementary Information" is described: the abuse or the nature, extent and duration of the consumption should be mentioned, and during which period the candidate possibly has been abstinent. In case of doubt, an updated assessment from a specialist in psychiatry may be attached.

H 3. Consumption of traffic endangering medication? ----->

(The question) must be answered in the affirmative if the candidate consumes traffic endangering medication. Under "Supplementary Information" name and dose of the medication must be mentioned.

I 1. Reduced kidney function? ----->

(The question) must be answered in the affirmative if the candidate suffers from kidney insufficiency which requires regular medical control. Under "Supplementary Information" the diagnosis as well as treatment should be mentioned. Updated and relevant specialist assessment may be attached in case of chronic dialysis and/or progressive disease if the condition has not been stable during the last five years.

J 1. Other disease or other medical conditions such as sleep apnoea? ----->

(The question) must be answered in the affirmative if the candidate has a disease which impacts on the ability (such as reduced ability to react) to drive a motor vehicle. Under "Supplementary Information" the diagnosis and treatment including an evaluation of the ability to react held together with other health conditions should be mentioned. In the case of sleep apnoea an updated relevant specialist assessment on the effects of treatment and treatment compliance should attached.

Applicant's ID No.

Doctor's stamp and signature

Supplementary information

If one or several of the questions have been answered in the affirmative, or if the applicant's answers to the questions on the front page (Section A), or circumstances which the doctor might know about, justify it, additional information must be provided about:

Conclusion	Yes	No
1) Is the health condition of the candidate in general deemed to be a hindrance for the issue or renewal of a driving licence?		
2a) Is the condition inactive (stationary)?		
2b) If no, has the condition deteriorated since the issue of the last driving licence?		
3) Is it advisable to conduct a driving test on account of the candidate's health condition?		

Possible supplementary notes:

I, the undersigned doctor, have today examined the applicant who IS ___/IS NOT___ known to me. The applicant has for identification presented the attached photography which I have now signed and written the applicant's ID No. on the reverse. In addition, I have studied the applicant's answers to the questions on the front page of the form and familiarised myself with possible health related conditions of importance for the applicant's previous driving licence.

_____ Place _____ date

_____ Doctor's stamp

_____ Doctor's signature

(The certificate and photography is to be given to the applicant in a closed envelope, which carries the doctor's name and stamp)

_____ Applicant's ID No.