

Medical Certificate

Applicant's Full Name _____ ID Card Nr _____ Driving Category _____

Applicant's health: (please refer to your doctor for any explanation of medical terms)

Have you ever had, or do you currently suffer from any of the following conditions? **Yes** **No**

If you have answered 'Yes', please Mark in all the appropriate boxes.

- 1. Diabetes controlled by insulin / Any episodes of hypoglycaemia in the past 12 months
- 2. Epilepsy
- 3. Any condition affecting one or both eyes
(Not including colour blindness or short or long sight)
- 4. Any condition which affects your visual field or acuity
(apart from wear glasses or corrective lenses)
- 5. Unstable angina (chest pain)
- 6. Stroke with any symptoms lasting longer than one month
- 7. Fits or blackouts
- 8. Any type of brain surgery, severe head injury involving in-patient treatment or brain tumor
- 9. Any serious arrhythmia or an implanted cardiac pacemaker or defibrillator (ICD)
- 10. Repeated attacks of sudden disabling giddiness
- 11. Any other chronic neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's Disease
- 12. A serious problem with memory or periods of confusion
- 13. Persistent alcohol misuse or dependence
- 14. Persistent drug misuse or dependence
- 15. Serious psychiatric illness or ill health
- 16. Parkinson's disease
- 17. Narcolepsy
- 18. Sleep Apnoea syndrome
- 19. Any persisting limb problem which needs driving to be restricted to certain types of vehicles
or those with adapted controls
- 20. Severe learning disability

Have you informed Transport Malta of this condition before? **Yes** **No**

Has this condition got worse? **Yes** **No**

I declare that, to the best of my knowledge and belief, the above information and any further information I will give to the medical doctor about my Fitness to Drive is true, correct and complete.

I understand that it is a criminal offence to make a false declaration or fail to provide information to get a driving licence and to do so can lead to prosecution and a penalty of imprisonment or fine as stipulated at law.

I authorise my Doctor(s) and Specialist(s) to release reports/medical information about my condition relevant to my Fitness to Drive to Transport Malta.

I authorise Transport Malta to disclose such relevant information as may be necessary to the investigation of my Fitness to Drive to Medical Doctors and Health Authorities.

Applicant's Signature

Date

Medical Doctor to answer the following by ticking the appropriate box

Applicant's Full Name _____ ID Card Nr _____ Driving Category _____

<p>Eyesight * his/her visual acuity for driving purposes only is:</p> <p>Left Right (Snellen) Aided <input type="checkbox"/> Unaided <input type="checkbox"/></p> <p>Any Visual Acuity problems Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any condition affecting Peripheral Vision Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any condition affecting both eyes (not including colour blindness, short or long sight) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Diabetes Mellitus Is the patient on Insulin Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any episodes of hypoglycaemia in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Hearing hears a conversational speech from a distance of metres</p> <p>Aided <input type="checkbox"/> Unaided <input type="checkbox"/></p> <p>Any hearing impairment Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Neurological * Any neurological conditions such as Multiple Sclerosis, Motor Neuron Disease, Parkinson's Disease or Huntington's Disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any history of Stroke or Tia Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Locomotor Any static handicap Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any progressive condition Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Mental Disorders Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent Alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent Drug misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Cardiovascular Any serious arrhythmia Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any implanted cardiac pacemaker or defibrillator Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any unstable angina Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Chronic Renal Conditions Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any Organ transplant or artificial implant Yes <input type="checkbox"/> No <input type="checkbox"/></p>

NOTE: The conditions above that are marked with an * may require referral to and certification by another specialist.

Please refer to the list (printed on following page) of Information Codes, Driver (Medical Reasons) and insert hereunder the Code(s) applicable.

If applicable, please tick box and indicate number of years

In relation to a condition noted above, this certificate is valid only for a period of Year(s) and the applicant is to be re-visited and re-certified after that period of time.

If applicable, please tick box:

Driving is to be restricted to certain types of vehicles with an automatic gearbox.

Driving to be restricted to certain types of vehicles with adapted controls.

<p>Certification is to be kept pending. Specialist referral has been made for further assessment.</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>	<p>I certify that I have examined the applicant in accordance with the Subsidiary Legislation 65.18 Motor Vehicles (Driving Licences) Regulations, 8th Schedule, and I declare that he/she is considered:</p> <table border="1"> <tr> <td data-bbox="614 1803 1093 2206"> <p>FIT TO DRIVE</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p> </td> <td data-bbox="1093 1803 1551 2206"> <p>NOT FIT TO DRIVE</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p> </td> </tr> </table>	<p>FIT TO DRIVE</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>	<p>NOT FIT TO DRIVE</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>
<p>FIT TO DRIVE</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>	<p>NOT FIT TO DRIVE</p> <p>_____</p> <p>Date Doctor's Signature, Stamp and Reg. No</p>		

List of Information Codes, Driver (Medical Reasons)

[SUBSIDIARY LEGISLATION 65.18 MOTOR VEHICLES (DRIVING LICENCES) REGULATIONS 7th Schedule]

- 01. Sight correction and/or protection
 - 01.01 Glasses
 - 01.02 Contact lense(s)
 - 01.03 Protective glass
 - 01.04 Opaque lense
 - 01.05 Eye cover
 - 01.06 Glasses or contact lenses

- 02. Hearing aid/communication aid
 - 02.01 Hearing aid for one ear
 - 02.02 Hearing aid for two ears

- 03. Prosthesis/orthosis for the limbs
 - 03.01 Upper limb prosthesis/orthosis
 - 03.02 Lower limb prosthesis/orthosis

- 05. Limited use (subcode use obligatory, driving subject to restrictions for medical reasons)
 - 05.01 Limited to day time journeys (for example: one hour after sunrise and one hour before sunset)
 - 05.02 Limited to journeys within a radius of ... km from holder's place of residence or only inside city/region
 - 05.03 Driving without passengers
 - 05.04 Limited to journeys with a speed not greater than ... km/h
 - 05.05 Driving authorised solely when accompanied by a holder of a driving licence
 - 05.06 Without trailer
 - 05.07 No driving on motorways
 - 05.08 No alcohol