Medical Certificate Declaration to be filled by the Applicant

Transport Malta

Applicant's Full Name _____ I.D. Card No. _____

Applicant's medical history: *(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 [x] in all 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. Nacrolepsy ☐
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 by law.

I authorise my Doctor (s) and Specialist (s) to release reports/medical information about any 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 on my Fitness to Drive, to Medical Doctors and Health Authorities.

_____ _____

Applicant's Signature Date

Transport Malta

The Medical Doctor is required to fill in and tick ALL the boxes below as appropriate

Eyesight
his/her visual acuity for driving purposes only is:

Left _____ Right _____ (Snellen) **Aided** ☐ **Unaided** ☐

Any Visual Acuity issues **Yes** ☐ **No** ☐

Any condition affecting Peripheral Vision **Yes** ☐ **No** ☐

Any condition affecting both eyes (not including colour blindness, short or long sight) **Yes** ☐ **No** ☐

Total loss of sight in one eye **Yes** ☐ **No** ☐

Hearing
hears conversational speech from a distance of _____ meters

With regards to hearing the doctor should confirm that the applicant is able to communicate fully in any form (e.g. capable to send an sms)

Any hearing impairment **Yes** ☐ **No** ☐

Locomotor

Any static handicap **Yes** ☐ **No** ☐

Any progressive condition **Yes** ☐ **No** ☐

Cardiovascular

Any serious arrhythmia **Yes** ☐ **No** ☐

Any implanted cardiac pacemaker or defibrillator **Yes** ☐ **No** ☐

Any unstable angina **Yes** ☐ **No** ☐

Diabetes Mellitus

Is the patient on Insulin **Yes** ☐ **No** ☐

Any episode of hypoglycaemia in the past 12 months **Yes** ☐ **No** ☐

Neurological
Any neurological conditions such as Multiple Sclerosis, Motor Neuron Disease, Parkinson's Disease or Huntington's Disease **Yes** ☐ **No** ☐

Any history of Stroke or TIA **Yes** ☐ **No** ☐

Epilepsy **Yes** ☐ **No** ☐

Mental Disorders **Yes** ☐ **No** ☐

Any persistent **Alcohol** misuse or dependency **Yes** ☐ **No** ☐

Any persistent **Drug** misuse or dependency **Yes** ☐ **No** ☐

Chronic Renal Conditions **Yes** ☐ **No** ☐

Any **Organ** transplant or artificial implant **Yes** ☐ **No** ☐

NOTE: Any condition/s above marked Yes, require a detailed medical report for referral to and certification by the Transport Malta Medical Team

Please refer to the list (printed on page 4) 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 ☐ Years(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 is to be restricted to certain types of vehicles with adapted controls.

Transport Malta

Certification by Medical Doctor

I certify that I have examined (Full Name/Surname): _____

I.D. Number: _____ Today _____ /_____ /_____

For the purpose of driving vehicles in category/ies below (please mark with an (✓) and sign the applicable category/ies group):-
I hereby confirm that he/she is fit to drive the following categories:-

Category Groups		(✓)	**Doctor's signature confirming ability to drive**
Motorbikes	(AM, A1, A2, A)		
Cars	(B1, B, BE)		
Commercial Cars/Trucks	(C1, C1E, C, CE)		
Minibuses/Buses	(D1, D1E, D, DE)		
Agricultural Tractor in Maltese territory only	(g)		

Certification is to be kept **pending.**

Specialist referral has been made for further assessment.

Doctor's Signature,
Stamp and Reg. No.

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:

FIT TO DRIVE

Doctor's Signature,
Stamp and Reg. No.

NOT FIT TO DRIVE

Doctor's Signature,
Stamp and Reg. No.

Transport Malta

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)
- 01.05 Eye cover
- 01.06 Glasses or contact lenses
- 01.07 Specific optical aid

02 Hearing aid/communication aid

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

10 Modified transmission

15 Modified Clutch

20 Modified braking system

25 Modified accelerator systems

31 Pedal adaptations and pedal safeguards

32 Combined service brake and accelerator systems

33 Combined service brake, accelerator and steering systems

35 Modified control layouts (lights switches, windscreen wiper/washer, horn, direction indicators, etc)

40 Modified steering

42 Modified rear/side view devices

43 Modified seating position

44 Modifications to motorcycles