

Car Insurance MEDICAL REPORT FORM



Note: This form is to be completed by a Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland.

POLICY NUMBER

Name of driver being examined:	Date of birth
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Address

Does the driver have any previous/recurring/existing medical condition(s)?	Yes	No
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If the answer is 'Yes' please give full details

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Full name of condition (not abbreviated):

MEDICATION/TREATMENT/SURGICAL PROCEDURE(S) AND DATES

1		Date
2		Date
3		Date
4		Date

When was the last time the driver was treated in hospital in respect of the condition noted above?

Date	Reason:
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Procedure carried out & result:

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Is the driver awaiting any hospital treatment?	Yes	No
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If the answer is 'Yes' please give full details

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When did the driver last visit his/her doctor in respect of the condition noted above?

1		Date
2		Date
3		Date

Directors: M Shaw (Chairman) (Canadian), D O'Rourke (Chief Executive Officer), L Caslin (British), S McCarthy, S O'Brien, A O'Riordan, T O'Rourke, J Poole (British), A Winslow (British)
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If the driver has in the past suffered or currently suffer from epilepsy, please indicate the date of the driver's last seizure.

Date

Note: where this date is less than 12 months from today the driver must be certified as fit to drive by a consultant neurologist

Does this condition require his/her vehicle to be adapted or modified to drive?

Yes	No
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Does the driver has a progressive condition which may require (further) adaptation(s) to their vehicle to enable him/her to continue driving?

Yes	No
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I the undersigned registered medical practitioner have examined the driver by reference to the medical fitness standards required by the Road Traffic Acts and in my opinion, the driver (Please tick the appropriate box(es) below):

a. Meets the prescribed medical fitness standard set out for vehicles

Yes	No
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a. Is medically fit to drive

Yes	No
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Have you advised the driver on their medical fitness to drive?

Yes	No
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Has the Driver Licensing Authority been advised of the driver's medical condition?

Yes	No
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Expiry date of the driver's current driving licence:
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I certify that I have examined	on
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Date

GENERAL PRACTITIONERS DETAILS

Name of General Practitioners

Address

Stamp of Medical Practitioner whose name is on the General Register of Medical Practitioners in Ireland

General Practitioners Signature

Qualifications
