Dr. Sean Nixon
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Medical Examination for Driving Licence

Name: ______________________ **Date of Birth:** ____________

In order to help us assess your medical condition and identify ways we can help improve your medical conditions in relation to driving please complete the questionnaire below before seeing the doctor.

Question	Yes	No
Do you have a history of Epilepsy?	Yes ☐	No ☐
Do you have a history of Diabetes?	Yes ☐	No ☐
Do you have a history of Feeling Faint, Dizzy or Losing Consciousness?	Yes ☐	No ☐
Do you wear glasses when driving?	Yes ☐	No ☐
Are there adaptions to your car to make it easier to drive?	Yes ☐	No ☐

Driving Questionnaire - Check the relevant box that applies to you.

Statement	Yes	No
I get lost while driving.	Yes ☐	No ☐
My friends or family members say they are worried about my driving.	Yes ☐	No ☐
Other cars seem to appear from nowhere.	Yes ☐	No ☐
I have trouble finding and reading signs in time to respond to them.	Yes ☐	No ☐
Other drivers drive too fast.	Yes ☐	No ☐
Other drivers often beep their horn at me.	Yes ☐	No ☐
Driving stresses me out.	Yes ☐	No ☐
After driving, I feel tired.	Yes ☐	No ☐
I feel sleepy when I drive.	Yes ☐	No ☐
I have had more “near misses lately”.	Yes ☐	No ☐

Continued overleaf

Driving Questionnaire - Continued.

Busy cross roads bother me.	Yes ☐	No ☐
Right-Hand Turns make me nervous.	Yes ☐	No ☐
The glare from oncoming headlights bothers me.	Yes ☐	No ☐
My medication makes me dizzy or drowsy.	Yes ☐	No ☐
I have trouble turning the steering wheel.	Yes ☐	No ☐
I have trouble pushing down the foot pedal.	Yes ☐	No ☐
I have trouble looking over my shoulder when I reverse.	Yes ☐	No ☐
I have been stopped by the Gardai fior my driving.	Yes ☐	No ☐
People will no longer accept lifts from me.	Yes ☐	No ☐
I have difficulty reversing.	Yes ☐	No ☐
I have had accidents that were my fault in the past year.	Yes ☐	No ☐
I am too cautious when driving	Yes ☐	No ☐
I sometimes forget to use my mirrors or indicators.	Yes ☐	No ☐
I sometimes forget to check for oncoming traffic.	Yes ☐	No ☐
I have more trouble parking lately.	Yes ☐	No ☐

Signed:____________________________ **Date:**______________