

## **FREEDOM PASS APPLICATION- MEDICAL FITNESS TO DRIVE**

We need to establish if the client is medically fit to drive in regards to their medical condition(s). We would therefore be grateful if you could in your professional opinion supply us with the necessary information. This is in reference to the criteria set by the Department for Transport:-

**“Would if he/she applied for the grant of a licence to drive a motor vehicle under part III of the Road Traffic Act 1998. Have their application refused pursuant to section 92 of the act (Physical fitness) otherwise than on the ground of persistent drug or alcohol use.”**

Name of patient: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

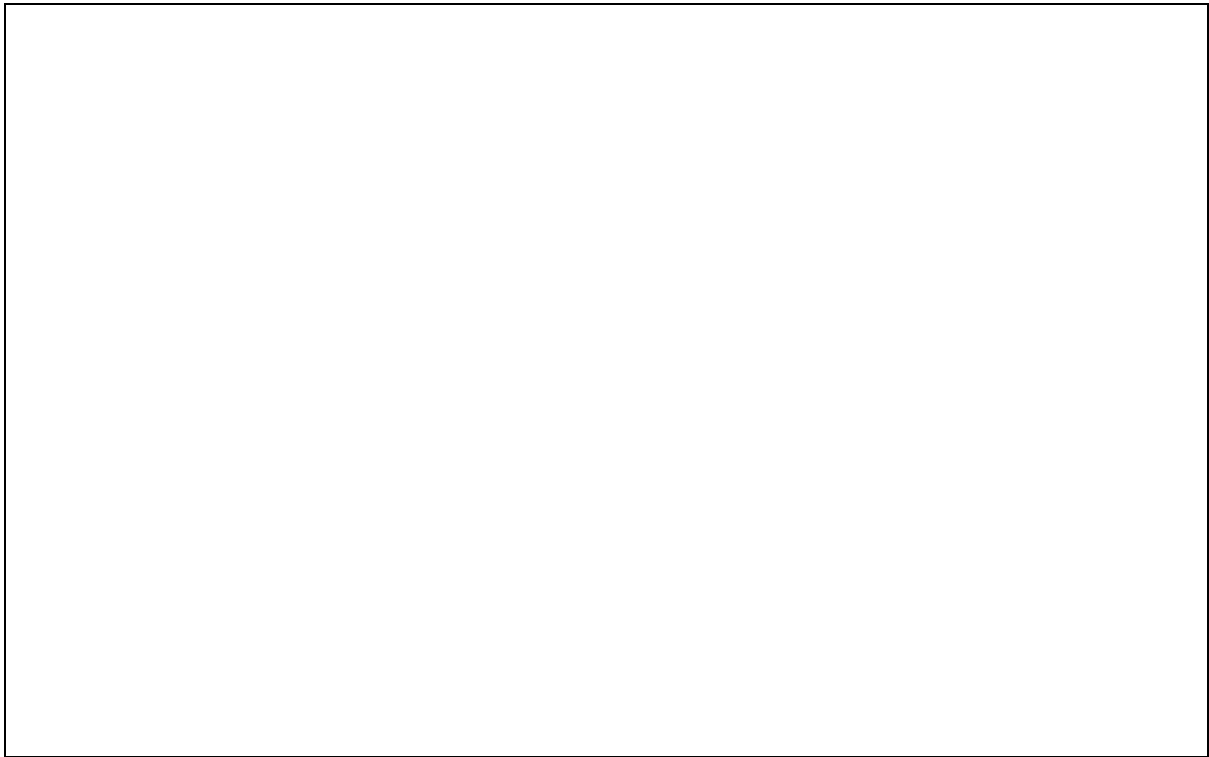
1.	Is the client able to drive in view of their medical condition?	Yes/ No
2.	Diagnosis/Treatment (Please complete)	
3.	Has your decision been made based on the DVLA Medical Standards of Fitness to Drive?	Yes/No
4.	Which section of the DVLA standards does the client fall under? (Please complete)	
5.	Have you advised the client of your recommendations for the cessation of driving?	Yes/No
6.	Have you recommended a review date regarding either client's condition or driving?	Yes /No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Designated Profession: \_\_\_\_\_

**Organisation Stamp:**

A large, empty rectangular box with a thin black border, intended for an organisation stamp.

**Please return the completed form to: The Mobility Team, Upper Ground Floor, 35 Wellington Street, Woolwich, London SE18 6HQ.**