



English National Concessionary Travel Scheme - Doctor Medical Information Request Form
To be complete by Medical Professional (NOT APPLICANT)

Name of applicant:.....
Address of applicant:.....
.....
Date of Birth:...../...../.....
Email:.....
Tel:.....
National Insurance Number.....

PLEASE NOTE: PEOPLE WHO PERSISTENTLY MISUSE DRUGS AND ALCOHOL ARE NOT COVERED BY THE DEFINITION DISABLED PERSON AND DO NOT QUALIFY

Please complete all questions in the category that the applicant qualifies within, using the guidance previously provided to the surgery and complete in full the medical condition that applies. Only one category should be selected.

Category A
Is the applicant blind or partially sighted?

Category B
Is the applicant profoundly or severely deaf?
Please state the DB HL.....(Must be above 70db to pass)

Category C
Is the applicant without speech?

Category D
Does the applicant have a Learning Disability that severely impacts on their life?
Please specify diagnosis.....
please note: This must be a learning disability and NOT a learning difficulty

Category E
Is the applicant without arms or have a long-term loss of the use of both arms?

Office use only
Issued/Refused
Date:
Initials: Length of pass.....

Category F

Would the applicant be refused a driving licence on medical grounds due to:

1. Epilepsy (Please answer a, b and c)

- a. Have they had 2 or more uncontrolled seizures in the last 5 years YES NO
- b. Do the seizures occur: Awake Asleep Both
- c. Date of last seizure...../...../.....

2. Severe mental disorder

Please specify diagnosis.....

3. Sudden attack of giddiness or fainting

Please specify diagnosis including date of last episode.....

Other.....

Category G

Does the applicant have substantial and long-term problems with walking?

YES NO If YES please complete a, b, c and d

- a. Please state diagnosis.....
- b. Can they walk 64 meters YES NO
- c. How long would it take them to walk 100m.....
- d. Would walking 100m directly cause them to suffer severe discomfort at the time of their walk or later YES NO

Please complete and estimate a timescale or life condition reply indefinite

How long is the condition/disability expected to last.....

Please complete the declaration and say if you certify or not:

I Doctorherby certify that the above applicant

DOES **DOES NOT** fulfil the criteria for a English National Concessionary Travel Scheme.

Sign.....**Date**...../...../.....

Please insert surgery stamp

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Issued/Refused

Date:

Initials:

Length of pass.....