Premed
Uw partner in preventie

IX. Applicant's personal declaration for a group 2 driving license (File no.: ……………………..)

Name ……………………………………………………………………………First name: ……………………………………………………………………………

Address ………

Date of birth …../…../………. Place of birth ……………………………………………………………………………………………

Social Security Number (optional) ……………………………………………………………………………………………………

Category and/or sub-category of your current driving licence
☐ A3 ☐ A ☐ B ☐ B+E ☐ C ☐ C+E ☐ C1 ☐ C1+E ☐ D ☐ D+E ☐ D1 ☐ D1+E (*)
(tick the valid categories)
Issued in: ………………………………………………………………… No.: …………………………………………………………………
Valid until: …../…../……….
Category of vehicles for which a driving licence is sought: ……………………………………………………………
If applicable: Date of your previous medical examination: ……………………………………………………………
Name of examining physician ……………………………………………………………………………

Questionnaire to be filled out by the candidate (tick the appropriate boxes)	Yes	No
1. Are you receiving treatment or did you receive treatment for any disorder of the central or peripheral nervous system, a brain haemorrhage, brain damage, a cranial fracture, a coma?	☐	☐
2. Are you receiving treatment or did you receive treatment for any serious judgement or adaptability disorder or for any psychomotor reaction disorder?	☐	☐
3. Have you been treated for a mental illness or any other psychiatric disorder?	☐	☐
4. Do you suffer from serious adaptation difficulties which for instance manifest themselves in inappropriate traffic behaviour, excessive risk taking, uncontrolled behaviour?	☐	☐
5. Are you receiving treatment or did you receive treatment for epilepsy, diminution of consciousness, sudden short-term or long-term loss of consciousness, sudden paralyses, dizziness or equilibrium disturbances?	☐	☐
6. Do you suffer from abnormal fatigue or sleepiness during the day?	☐	☐
7. Do you snore loudly during your sleep?	☐	☐
8. Are you receiving treatment or did you receive treatment for a cardiovascular condition, cardiac or conductive arrhythmia, a heart attack, blood-pressure problems?	☐	☐
9. Did you undergo heart surgery?	☐	☐
10. Do you lack the normal use of an arm, a hand and/or fingers, a leg and/or a foot or any of the corresponding joints?	☐	☐
11. Are you receiving treatment or did you receive treatment for diabetes?	☐	☐
12. Are you receiving treatment or did you receive treatment for an eye disorder by an ophthalmologist?	☐	☐
13. Did you have eye surgery or undergo laser treatment?	☐	☐
14. Do you wear glasses or contact lenses?	☐	☐
15. Has your eyesight, sharpness of sight and/or range of vision been affected?	☐	☐
16. Do you suffer from decreased or insufficient vision during twilight or darkness?	☐	☐
17. Are you dependent on alcohol, drugs or an excessive use of medicines, or have you been treated for any such dependency?	☐	☐
18. Do you use medication such as sedatives, sleeping tablets, stimulants, antidepressants or other psycho-pharmaceuticals which may affect consciousness, perception, the ability to take decisions or normal functioning?	☐	☐
19. Do you suffer from a liver or kidney disorder?	☐	☐
20. Did you undergo any organ transplant or any other artificial implant which may affect your ability to drive safely?	☐	☐

SEE OTHER SIDE FOR CONTINUANCE

Questionnaire to be filled out by the candidate (tick the appropriate boxes)	Yes	No
21. Are you or were you ever in treatment for sleeping problems (exaggerated sleepiness of shortage of sleep)	☐	☐
22. Did you ever fall asleep during driving?	☐	☐
23. Did you have an accident probably due to sleepiness during the last 3 years (e.g. drove of the road, driven into the back of another vehicle)	☐	☐
24. Did anyone tell you that you stop breathing during your sleep?	☐	☐
25. Are you usually rested after a full nights rest?	☐	☐
26. Do you have of did you ever had treatment for hypertension?	☐	☐

Epworth Sleepiness Scale

Indicate for each situation what you estimate the possibility that you would dose off (tendency to fall asleep) during the daytime. Answer everything. Imagine how you would react. Encircle the number in the right column that reflects your possibility:

None = 0 - Slight = 1 - Average = 2 - Major = 3

SITUATION (at average fatigue)	Possibility (encircle)
Sitting and reading	0 / 1 / 2 / 3
Watching TV	0 / 1 / 2 / 3
Sitting inactive in a public place (e.g. a theater or a meeting)	0 / 1 / 2 / 3
As a passenger in a car for an hour without a break	0 / 1 / 2 / 3
Lying down to rest in the afternoon when circumstances permit	0 / 1 / 2 / 3
Sitting and talking to someone	0 / 1 / 2 / 3
Sitting quietly after a lunch without alcohol	0 / 1 / 2 / 3
In a car, while stopped for a few minutes in traffic	0 / 1 / 2 / 3
TOTAL (add what you have encircled)	/24 ---------------- **0-9** **10-15** **16+**

I, the undersigned, solemnly declare to have truthfully filled out the foregoing information and questionnaire and not to suffer from any other illness or disorder which may, albeit temporarily, prevent or interfere with my normal driving of a vehicle in category or sub-category 2.

Date: …../…../……….

Signature of applicant:

The data which have been filled out on this form, pursuant to the stipulations of the Royal Decree of 23rd March 1998 regarding driving licences, shall be processed for medical examination purposes with a view to obtaining a driving licence by and under the responsibility of Premed vzw – Tiensevest 61 box 2 – 3010 Kessel-Lo.

If you wish to consult your personal data or in the event you would like any rectification made, please contact Premed vzw – Tiensevest 61 box 2 – 3010 Kessel-Lo.