



The person listed below has applied to East Riding of Yorkshire Council for a Free National bus pass on the grounds that, under Part III of the Road Traffic Act 1988, they would be refused a licence to drive pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.

Where the applicant has never applied for/does not have a UK driving licence to surrender, the council will accept signed factual verification of this form (fees may apply) from healthcare professionals (Hospital doctor, GP, Optician for visual problems) that their medical condition prohibits the driving of a motor vehicle.

Applicant Name		Date of Birth			
Address					

**From the following list of questions, please indicate the category(ies) under which the patient's illness / disability fall:**

1.	Epilepsy	The patient has had an attack whilst awake within the last 12 months	<input type="checkbox"/>
2.	Medication	The patient is on permanent medication of a type which would prohibit the driving of a motor vehicle	<input type="checkbox"/>
3.	Dizziness	The patient is liable to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise)	<input type="checkbox"/>
4.	Visual	The patient has a restricted visual field or poor eyesight which cannot be corrected by the wearing of spectacles, for which they would be refused a driving licence, but which is not of a severe enough nature for them to be registered partially sighted	<input type="checkbox"/>
5.	Severe Mental Disorder	Such conditions include (but are not limited to) dementia (or any organic brain syndrome); behaviour disorders (including post head injury syndrome and Non-Epileptic Seizure Disorder); and personality disorders	<input type="checkbox"/>
6.	Diabetes	The patient experiences disabling hypoglycaemia	<input type="checkbox"/>
7.	Other	The patient suffers from a disability which is likely to cause the driving of vehicles by them to be a source of danger to the public. Please give details:	<input type="checkbox"/>

**The patients condition is likely to continue for (please tick as appropriate):**

Less than 12 months	<input type="checkbox"/>	Indefinitely	<input type="checkbox"/>	Other (please specify)	<input type="text"/>
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Signature of Doctor		Date			
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Name and Address of Practice (official stamp if available)					
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