

English National Concessionary Travel Scheme  
Doctor Medical Information Request Form

Name of applicant:.....

Address of applicant:.....

.....

Date of Birth:...../...../.....

Email:.....

Tel:.....

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

Please complete the category that the applicant qualifies within, using the guidance previously provided to the surgery and complete in full the medical condition that applies.

<p><b>Category A</b> Is the applicant blind or partially sighted</p>	<input type="checkbox"/>
<p><b>Category B</b> Is the applicant profoundly or severely deaf</p> <p>Please state the DB HL.....(Must be above 70db to pass)</p>	<input type="checkbox"/>
<p><b>Category C</b> Is the applicant without speech</p>	<input type="checkbox"/>
<p><b>Category D</b> Does the applicant have a Learning Disability that severely impacts on their life</p> <p>Please specify diagnosis.....</p> <p>*please note: This must be a learning disability and NOT a learning difficulty*</p>	<input type="checkbox"/>
<p><b>Category E</b> Is the applicant without arms or have a long-term loss of the use of both arms</p>	<input type="checkbox"/>

<p>Issued/Refused Date: Initials:                      Length of pass.....</p>
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**Category F**

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

**Epilepsy**

Have they had 2 or more uncontrolled seizures in the last 5 years YES/NO

Do the seizures occur: Awake  Asleep  Both

Date of last seizure...../...../.....

**Severe mental disorder**

Please specify diagnosis.....

**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 all of the following questions

1. Please state diagnosis.....
2. Can they walk 64 meters YES/NO
3. How long would it take them to walk 100m.....
4. 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 Doctor .....herby certify that the above applicant **DOES/DOESNOT** fulfil the criteria for a English National Concessionary Travel Scheme

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

Please insert surgery stamp

Issued/Refused

Date:

Initials:

Length of pass.....