Form 3G

Unable To Drive On Medical Grounds
Evidence Form

West Berkshire Council
Concessionary Fares Team
Council Offices, Market Street,
Newbury, RG14 5LD
Telephone No: 01635 519394
email: transport@westberks.gov.uk
www.westberks.gov.uk/concessionaryfares

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To be filled in by applicant

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to West Berkshire Council the information requested in this form. Please PRINT details.

Name ____________________ Date of birth ____________________

Address ____________________ Tel. no. ____________________

____________________ Email ____________________

____________________ Postcode ____________________

Signed ____________________ Date ____________________

To be filled in by a qualified medical practitioner

Dear Consultant or Specialist,

The person mentioned above has applied for a travel concession on the basis of **not being eligible for a driving licence on medical grounds.**

The Transport Act 2000 defines this as “would, if they applied for a grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have their application refused pursuant to Section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol”. This is clarified in more detail in the options below.

Please tick the box(es) that apply to this person.

- ☐ They have had an epileptic attack whilst awake within last year.
- ☐ They have a history of epileptic attacks whilst asleep and have had one whilst awake in the last 3 years.
- ☐ They have not had an epileptic attack whilst awake in the last 3 years, but would likely to be a danger to the public if driving.
- ☐ They are liable to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise).
- ☐ They are unable to read a registration plate in good light at 20.5 metres (with lenses if worn).
- ☐ They have another disability which is likely to cause driving a vehicle by them to be a source of danger to the public.
- ☐ They have surrendered their driving licence.

OR they will be **ineligible** if

- ☐ They persistently misuse drugs or alcohol and this has caused one of the above conditions.
- ☐ I am unable to confirm that any of the above options apply to this person.

☐ **Please tick this box** if this is a permanent disability, which has a substantial effect on the above person’s ability to carry out normal day-to-day activities.

Name ____________________

Position ____________________

Address ____________________

GMC No. ____________________ Tel: ____________________

Signed ____________________ Date ____________________

On completion please return the form to the applicant

OFFICIAL CLINIC / HOSPITAL STAMP HERE

Once completed, the applicant should submit this Evidence Form, along with the Concessionary Bus Pass Application Form, proof of residence, and date of birth and photograph.

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West Berkshire COUNCIL