Please fill in the form before the medical examination. You can complete any unclear sections during the examination. Please take the form with you to the medical examination. The form is entered into your patient documents.

0. Do you have: • trouble seeing in daylight? • trouble seeing in twilight? • double vision (diplomia)? 2. Have you been diagnosed with heart disease, cerebrovascular disease or a stroke? 1. Do you have diabetes? 4. Do you have suspected or diagnosed memory disorders? 5. Do you save diabetes? 6. Do you have suspected or diagnosed memory disorders? 7. Yes No 7. Do you have suspected or diagnosed memory disorders? 8. How you use mental disorders? 9. Yes No 19. Do you have a substance abuse problem? 10. Do you undergone a medical examination for dizziness? 11. How often do you have a substance of consciousness? 12. Have you use a hearing aid? 13. How often do you have peer, wine or other drinks containing alcohol? 14. Length 15. How often do you have beer, wine or other drinks containing alcohol? 15. How often do you have beer, wine or other drinks containing alcohol? 15. How often do you have beer, wine or other drinks containing alcohol? 15. How often do you have beer, wine or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have six or more or other drinks containing alcohol? 17. How often do you have
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Yes No 19. Have you had a medical examination in the past 3 years? Have you undergone operations or other medical procedures?
19. Have you had a medical examination in the past 3 years? Have you undergone operations or other medical procedures?
Please specify where and why.
I give my consent for retrieving relevant information from the above-mentioned healthcare units for the assessment
of driving competence. Yes No
20. List the medicines you are currently taking and their dosage (continue on separate sheet if necessary).
I declare that I have answered the questions honestly
Place and date Signature
Clarification of signature