MEDICAL HISTORY FOR ASSESSING FITNESS TO DRIVE

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.

Personal data	Personal identity code	Last name	First names
	Occupation (also before retirement)		

Question		
1. Do you have :		
• trouble seeing in daylight?	☐ Yes	☐ No
• trouble seeing in twilight?	☐ Yes	☐ No
• double vision (diplomia)?	☐ Yes	☐ No
2. Have you been diagnosed with heart disease, cerebrovascular disease or a stroke?	☐ Yes	☐ No
3. Do you have diabetes?	☐ Yes	☐ No
4. Do you have suspected or diagnosed memory disorders?	☐ Yes	☐ No
5. Do you suffer from chronic insomnia or have you been diagnosed with sleep apnoea or some other sleep disorder?	☐ Yes	☐ No
6. Do you have mental disorders?	☐ Yes	☐ No
7. Do you have a substance abuse problem?	☐ Yes	☐ No
8. Have you undergone a medical examination for dizziness?	☐ Yes	☐ No
9. Have you had epileptic seizures or other disturbances of consciousness?	☐ Yes	☐ No
10. Do you use a hearing aid?	☐ Yes	☐ No
11. Do you smoke?	☐ Yes	☐ No
12. Has a doctor suspended your right to drive for health reasons?	☐ Yes	☐ No
13. Have you ever fallen asleep while driving?	☐ Yes	☐ No

14. Length Weight

Circle the option that best describes your answer in questions 15-17

15. How often do you have beer, wine or other drinks containing alcohol? Try to also count the times when you drink only small amounts, e.g. a bottle of lager or a small glass of wine.

0. Never
1. Once a month or less often
2. 2–4 times a month
3. 2–3 times a week
4. 4 times a week or more often

16. How many units of alcohol do you have on a typical day when you are drinking?

0. 1–2 units
1. 3–4 units
2. 5–6 units
3. 7–9 units
4. 10 units or more

One unit is:
- a bottle of average-strength (4.7%) beer or cider (330ml)
- a glass of low-alcohol wine (120ml)
- a small glass of high-alcohol wine (80ml)
- a single measure of spirits (40ml)

17. How often do you have six or more units on one occasion?

0. Never
1. Less than once a month
2. Once a month
3. Once a week
4. Daily or almost daily

18. Have you used other narcotic substances than alcohol?

☐ Yes ☐ No

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

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