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ASSESSMENT ON FITNESS TO DRIVE FOR VOCATIONAL LICENCE HOLDERS AGED 70 YEARS AND ABOVE

This form may take you 15 minutes to complete.
 You will need the following document(s) to fill in the form:

- NRIC
- Vocational Licence

The Land Transport Authority, as the Licensing Authority for Vocational Licences, requires all 8 sections (A to H) of this report to be satisfied before granting the applicant a licence or renewal of a licence.

There are two parts to this assessment. The first part is to be conducted by a certified medical practitioner. If the applicant passes the assessment by the medical practitioner, he/she can then proceed to the second part of the assessment to be conducted by a designated occupational therapist.

PART I: TO BE COMPLETED BY APPLICANT

Section A – Particulars of Applicant

1	NRIC/FIN No		
2	Name as in NRIC/FIN		
3	Contact Number		
4	Type of Vocational Licence (Please tick ✓ where applicable)	Taxi Driver's Vocational Licence and Private Hire Car Driver's Vocational Licence <input type="checkbox"/>	Bus Driver's Vocational Licence <input type="checkbox"/>
		Private Hire Car Driver's Vocational Licence <input type="checkbox"/>	

Section B – Driving History

1	Years of driving experience			
2	Years of taxi / private hire car / bus	Taxi:	Private Hire Car :	Bus:
3	Previous traffic accidents, if any			

I declare that the information given in this assessment is true and correct. I understand that if I have wilfully suppressed any information required, the renewed vocational licence, if issued, will be revoked. I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

 Signature of Applicant & Date
 (In the presence of the Medical Practitioner)

 Name, Signature of Medical Practitioner & Date

PART II: TO BE COMPLETED BY MEDICAL PRACTITIONER (please ✓ in the appropriate column)

Section C – Medical History

Any history or problems of the following:		Yes	No	Remarks
Cardiac / Pulmonary Systems				
1	Shortness of breath at rest or on lying flat			
2	Asthma / bronchitis / COPD			
3	High blood pressure			
4	Heart attack / disease			
5	Chest pain on exertion or at night			
Neuro / Musculo-skeletal System				
6	Psychiatric Illness			
7	Severe headaches or migraine			
8	Stroke / TIA			
9	Epilepsy or fits of any kind / faints			
10	Head injury or concussions			
11	Muscle disease or weakness			
12	Arthritis / joint disease / numbness in hands and fingers			
Vision-hearing				
13	Eye trouble of any kind (eg. cataracts, glaucoma, strabismus)			
14	Colour blindness			
15	Difficulty seeing in the dark			
16	Deafness			
Endocrine System				
17	Diabetes			
18	Thyroid Disease			
19	Surgical Operations			
20	Any relevant medical problems or injuries not mentioned above			

Section D – Tests of Vision

Test		Remarks		
1	Colour Perception (Ability to recognise accurately the colours red, green and amber)	Able / Unable to recognise red, green and amber		
2	Visual Acuity (Snellen Eye Chart) * Corrected / Uncorrected	RE		LE
3	Near Vision * Corrected / Uncorrected	RE		LE
4	Visual Fields (Confrontation Test)	RE		LE
5	Additional Remarks			

Note: The standard of acuity of vision should be at least 6/12 in each eye, with or without optical aids.

Section E – General Medical Examination

		Assessment	Remarks
1	General Condition		
2	Cardio-vascular System S1_S2_ _____ Murmurs _____ Blood Pressure _____ mmHg Heart Rate _____ bpm		
3	Lungs		
4	Abdomen		
5	Neuro-muscular System		
6	Any evidence of abnormality of the nervous system		
7	Any evidence of psychiatric disorder		
8	Any defect of hearing		
9	Any deformities and/or physical disabilities observed		
10	Any abnormality or limitations in range of movement of the joints		
11	Any limitation in strength of upper limbs and lower limbs (power)		
12	Finger-nose co-ordination Test		
13	Does the applicant show any evidence of being addicted to the excessive use of alcohol or drug?		
14	Additional Remarks by the Medical Examiner:	Pass / Fail	

Section F – Abbreviated Mental Test (AMT)

		Score	Remarks
Please remember the following phrase: "37 Bukit Timah Road". I will be asking you to repeat the phrase to me later.			
1	What is the present year? (Western calendar, i.e. 20__)		
2	What time is it now (within 1 hour)?		
3	What is your age? (for Chinese, +1yr is usually the norm and hence acceptable).		
4	What is your date of birth? (Western year +/- month and day)		
5	Where are we now? (hospital or clinic is acceptable)		
6	What is your home address? (complete address excluding postal code)		
7	Who is Singapore's present Prime Minister?		
8	Show picture of a profession (eg. a nurse or doctor) What is his/her job?		
9	Count backwards from 20 to 1		
10	Please recall the memory phrase.		
		Total *	Pass / Fail
11	Additional Remarks by the Medical Examiner:		

- Each question correctly answered scores one point. A score of less than 7 suggests cognitive impairment, may require referral for further tests to confirm the diagnosis.

*Delete where applicable

For Medical Examiner

Please tick ✓ in the appropriate column.

I certify that I have on this day examined the applicant named on Section A. He/ She has shown me his/ her identity card which bears the same number given on this form. The answers to the questions above are correct to the best of my knowledge. I assessed the applicant as

- a. FIT on the condition that he/she also passes the assessment by the Occupational Therapist
- b. UNFIT; the assessment ends here. No need to proceed for the Occupational Therapist assessment.

to hold / drive safely on the public roads, motor vehicle(s) of the class or classes for which he/she seeks the grant of or the renewal of a vocational licence.

Name and Signature of Medical Examiner	MCR Number	Date
Name of Hospital / Clinic: _____		
Address of Hospital / Clinic: _____		

Part III: To be completed by Occupational Therapist (please ✓ in the appropriate column)

Section G – Off-Road Occupational Therapist Assessment

				Pass	Fail	Remarks
1	Contrast sensitivity test	Right eye	db			
		Left eye	db			
		Both eyes	db			
2	Rapid Pace Walk		secs			
3	3D Block Construction					
4	Colour Trails Test (Part B)		secs			

Name and Signature of Occupational Therapist/ Date

Part IV: To be completed by Occupational Therapist (please ✓ in the appropriate column)

Section H – On-Road Driving Test – (Please refer to attached report)

For Occupational Therapist (please tick ✓ in the appropriate column)

I certify that I have on this day assessed the applicant named on Section A. He/ She has shown me his/ her identity card which bears the same number given on this form. Based on the applicant's performance in the Driving Assessment today, I recommend the applicant

a. <input type="checkbox"/> FIT b. <input type="checkbox"/> UNFIT to hold a TAXI DRIVER'S Vocational Licence and PRIVATE HIRE CAR DRIVER'S Vocational Licence	a. <input type="checkbox"/> FIT b. <input type="checkbox"/> UNFIT to hold a PRIVATE HIRE CAR DRIVER'S Vocational Licence	a. <input type="checkbox"/> FIT b. <input type="checkbox"/> UNFIT to hold a BUS DRIVER'S CLASS 3 Vocational Licence
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The applicant **can / cannot*** apply for another driving assessment.

Name and Signature of Occupational Therapist/ Date

Name of Hospital / Clinic: _____

Address of Hospital / Clinic: _____

*Delete where applicable