

**LEVEL 3 MEDICAL ASSESSMENT FOR PTS CERTIFICATION**

Applicant Name:		<p align="center">ATTACH PASSPORT PHOTOGRAPH</p> <p align="center">BOTH APPLICANT AND EXAMINING DOCTOR TO SIGN BACK OF PHOTOGRAPH</p>
Maiden Name(If married):		
Date of Birth:		
Place of Birth:		
Home Address:		
Telephone Number:		
Family Doctor Name:		
Address:		

<b>DECLARATION:</b>	To be signed by both the applicant and examining Medical Doctor.	
I have examined the applicant whose signed photograph is attached above and whose signature is appended below, to the medical standards set out by the Chief Medical Officer Iarnród Éireann and finds him/her medically		
	UNFIT to hold a Level 3 Personal Track Safety Certificate	
	FIT to hold a Level 3 Personal Track Safety Certificate	
Signature Examining Medical Doctor:		<p align="center">PRACTICE STAMP</p>
Signature of Applicant:		
Date:		

<b>VISUAL ACUITY</b>		PLEASE CIRCLE RESPONSE	
Right Eye:	_____ with glasses/ Contact Lenses	YES	NO
Left Eye:	_____ with glasses/ Contact Lenses	YES	NO
Both Eyes:	_____ with glasses/ Contact Lenses	YES	NO
<b>HEARING</b>		NORMAL	ABNORMAL
<b>AUDIOGRAM</b>	Required	YES	NO
<b>AUDIOGRAM</b>	Meets standard	YES	NO
<b>GENERAL HEALTH</b>	Applicant has a medical condition(s)/ is taking medical treatment or medication likely to cause:		
	Sudden loss of Consciousness	YES	NO
	Impairment of awareness or concentration	YES	NO
	Sudden incapacity	YES	NO
	Visual impairment of a temporary or transient nature	YES	NO
	Impairment of balance or co-ordination	YES	NO
	Significant limitation of mobility	YES	NO