



Fit-to-drive checklist template

Medical Conditions, Injuries, Illness	
Do you suffer from any of the following?	
<input type="checkbox"/>	Blackouts
<input type="checkbox"/>	Cardiovascular disease
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Alcohol and/or substance misuse/dependency
<input type="checkbox"/>	Medication and/or misuse/dependency
<input type="checkbox"/>	Sleep disorders
<input type="checkbox"/>	Vision problems
<input type="checkbox"/>	Neurological conditions such as epilepsy, dementia etc.
<input type="checkbox"/>	Long term stress
<input type="checkbox"/>	Poor diet
<input type="checkbox"/>	Fatigue, tiredness
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you considered the impact on driving of any condition you may have?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had a recent injury or illness that may affect your ability to drive safely, even in the short term?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you discussed with your doctor and/or Bailor the impact on driving of any condition, illness or injury you have?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you following the directions of any prescribed medical treatment or management plans?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you reported to the driver licensing authority any long-term or permanent injury or illness that may affect your ability to drive safely?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you aware that you could be held liable by common law if you do not disclose a health condition that may affect your driving ability?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>



Medications		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently on any prescribed or over-the counter medication?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you taking them as prescribed?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you aware whether any medication you may be on adversely affects driving? (You should check the label and discuss with your doctor or pharmacist)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you experienced any drowsiness, shakiness or difficulty concentrating since being on any new medication?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is the doctor who prescribed the medication aware that you drive a taxi?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Should you be driving if you are not well and needing medication?
Alcohol and Drug Use		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you aware that if you've had a drink in the last 24 hours you could still be over the limit?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you aware that taxi drivers have a 'zero alcohol' limit?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you aware that it is an offence for any person to drive under the influence of a prohibited drug?
Vision Problems		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you get your eyes tested regularly?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you wear prescription glasses for driving, is the prescription up to date?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you experienced any vision problems while driving – blurry vision, etc?