

Supplementary Health Information Sheet for Driver Assessment *(Please send to doctor for completion)*

駕駛評估補充健康資料表格 (請交由醫生填寫)

(For clients referred to "Hospital Authority Community Rehabilitation Service Support Center")

(供轉介至「醫院管理局社區復康中心」人士使用)

Please complete the form by screening the medical history and the updated medical condition of the client for proceeding further driver assessments.

Name of client: _____ **HKID No.:** _____

Diagnosis: _____

Medical History: _____

Please tick the box and provide details on whether the client is currently suffering from any of the following diseases or physical disabilities as specified in the First Schedule of Road Traffic (Driving Licences) Regulations (Chapter 374B)

- | | <i>No</i> | <i>Yes</i> | |
|--|--------------------------|--------------------------|-----------------------|
| 1. Epilepsy. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |
| 2. Liability to sudden attacks of disabling giddiness or fainting due to hypertension or any other cause. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |
| 3. Mental disorder for which the applicant for the licence, or, as the case may be, the holder of the licence is liable to be detained under the Mental Health Ordinance (Cap. 136) or is receiving treatment as an in-patient in a mental hospital within the meaning of that Ordinance. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |
| 4. Any condition causing muscular incoordination. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |
| 5. Uncontrolled diabetes mellitus. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |
| 6. Inability to read at a distance of 23 metres in good daylight (with the aid of spectacles or other corrective lenses, if worn) a registration mark. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |
| 7. Any other disease or disability which is likely to render him/ her incapable of effectively driving and controlling a motor vehicle or suitably adapted motor vehicle to which such licence refers without endangering public safety, provided that deafness shall not of itself be deemed to be any such disability. | <input type="checkbox"/> | <input type="checkbox"/> | <i>Details:</i> _____ |

According to the Road Traffic (Driving Licences) Regulations (Chapter 374B), if a person is suffering from any of the diseases or physical disabilities as specified in the First Schedule, the Commissioner for Transport shall refuse his application for driving licence or cancel his driving licence.

Name of Doctor: _____

Signature of Doctor: _____

Date of Examination: _____

Hospital/Clinic Stamp: _____

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