Medical Driving Suitability Questionnaire CARA

Brussels, postal date.

Dear Madam, Sir,

You are a candidate - applicant or holder - of a Group 1 driving licence (cat. AM, A1, A2, A, B, B+E, G) and:

- you have been informed, or you think that your physical condition is not in accordance with the medical criteria or you have a functional disorder which may cause you difficulties in driving a motor vehicle (moped, motorbike, quad, trike, car, van, tractor, …),
- you are the holder of a driving licence of limited validity and you wish to extend its duration,
- you have been referred to the CARA by your doctor, the government, medical examiner, insurance company or others.

The CARA will check whether you are fit to drive, and this may depend on the use of adaptations, conditions or restrictions.

Please fill in the document "Part A - Administrative information" clearly and completely.

In "Part B - Personal Statement" you must fill in the column "Candidate" and sign this declaration.

Afterwards, you should go to a doctor of your choice who will also have to fill in part of the "Personal Statement". The purpose of this part intended for the doctor is to provide the required medical information, not to take the final decision. **The doctor shall also provide the most relevant medical report for each item where "yes" was ticked by him/her**. The completed form should be returned to the CARA doctor.

After receipt of all documents, you will be offered an appointment.

Yours sincerely,

CARA
Centre for Fitness to Drive

When returning documents, please ensure that the envelope is sufficiently stamped. Insufficiently franked mail will not be delivered or may be returned to sender.

Part A: Administrative information

Pasfoto

My fitness to drive has already been examined by the CARA?
❒ yes ❒ No
If yes, file number: …….

PART TO BE FILLED IN BY THE (CANDIDATE) DRIVER

Name

First name | Gender

Address | Number | Box

Postal code | Municipality

Date of birth | Place of birth

Country: European Union | Non-European Union

Profession

Telephone | Mobile

E-mail

National register number

1. Type of application

❒ I already have a driving licence and:
- ❒ I request an administrative exchange.
  The reason for this is: ……..
- ❒ I report a changed physical condition.
- ❒ I wish to obtain an extension of the period of validity of my driving licence.

❒ I do **not** have a driving licence

❒ I was referred to the CARA by my doctor[1], the insurance company, a medical expert, the court, other[2]:
……..

❒ By the court I was:
- ❒ placed under extended minority status.
- ❒ placed under a protection status..

[1] Mark or delete what does not fit (applies to the rest of this document)
[2] Complete (applies to the rest of this document)

❒ I have been disqualified from steering by the court.
Date of pronunciation [2]: ……/……/……
Expired until [2]: ……/……/……

Examination or investigation[1]: Medical / Psychological / Theoretical / Practical
Without examinations or tests

Remedial action started: ❒ Yes ❒ No
If Yes, chosen setting [2]: …….

2. *My current driving licence*

is valid for the following categories[1]:

❒A3 ❒AM ❒A1 ❒A2 ❒A ❒B ❒BE ❒BF ❒G ❒C1 ❒C ❒CE ❒D1 ❒D ❒DE

was delivered at (location):……by (date):……/……/…….
has as its driving licence number:……
contains the following administrative codes: ……...

Please attach a *photocopy* of the driving licence.

3. *Desired categories of driving licence[1]*

❒AM ❒A1 ❒A2 ❒A ❒B ❒BE ❒G

The application for a Group 2 driving licence must be made through the doctors appointed for this purpose, such as the doctor from an occupational health service, the doctor from MEDEX and others. *Therefore, please consult this doctor first*. You will be referred to the CARA if necessary. When applying for Group 2 licences, the CARA must have a referral letter from the appointed doctor.
If you want a Group 2 driving licence, please indicate the desired categories below:

❒B ❒C1 ❒C ❒CE ❒D1 ❒D ❒DE

4. Traffic participation [2]

During the last 3 years I have been involved in:

Number	Accidents	Date
……..	With material damage only	……
……..	Accidents with minor injuries	……
……..	Accidents with severe injuries or fatalities	……
……..	Nearly accidents	……

Possible explanation:
……..
……..
……..

During the last 3 years, I have received … fines for traffic offences.
Date and reason: ..……..
……..
……..

[1] Mark or delete what does not fit (applies to the rest of this document)
[2] Complete (applies to the rest of this document)

I am experiencing specific difficulties when driving:
……..
……..
……..

I have specific questions regarding driving:
……..
……..
……..

5. Belt wear:

I have a seat belt exemption [1]: Yes / No:
If yes: Delivered on: ……/……/……
No. exemption: ……

I, the undersigned, declare that the above information is true and complete..

I agree that the doctor(s) I have appointed may entrust these additional and any other useful information required to determine my fitness to drive to the CARA doctor. I understand that the information provided and the results of additional examinations will only be used to evaluate my fitness to drive and will not be made available to third parties except in cases of legal force majeure or with my express consent. I trust that the information provided will be treated in a GDPR-compliant manner.

Date: ……/……/…… Name:

Signature:

[1] Mark or delete what does not fit (applies to the rest of this document)
[2] Complete (applies to the rest of this document)

Dear referring doctor:

If you wish or need to be contacted and/or receive a copy of the resulting certificate of fitness to drive, please provide your details below, clearly legible. Our preference is the one indicated below:

1. Your email address: ……
2. Your fax number: ……
3. Your postaddress:

   Name: ……

   Street + no.: ……

   Postal code: ……

   Town: ……

Registration at CARA

In part B, the Personal Statement, the CARA doctor examines the medical problems that have to be taken into account for the requested driving suitability assessment. The questions asked are directly related to the legally determined 'medical criteria' as stated in the Royal Decree of 23 March 1998, Annex 6.
The doctor of CARA, who makes the driving suitability decision, must take into account all the criteria listed.

- Part B must also be *completed in full* for each application, both by the *(candidate) driver* and *by the doctor of choice (referring doctor).* If not completed in full, the questionnaire will be returned.

  The (candidate) driver responds to the questions asked with 'Yes' or 'No' in column 1 (marked 'Candidate'). The doctor of choice (referring doctor) answers the questions with 'Yes' or 'No' in column 2 (marked 'Doctor').

  Next, the doctor of choice must complete the page entitled "General evaluation concerning the diagnosis of referral". **He/she also has to provide the most relevant medical report for each section where "yes" was ticked.** This is the most recent report, possibly supplemented by a previous report in order to obtain a complete picture of the course of the disease.

  The referring doctor provides information that is relevant for the driving suitability assessment. By supplying the relevant medical information, he or she does not make a driving suitability decision. The referring doctor only has an informative role. The final decision is made by the doctor of CARA.

Part **B: Self-declaration**

The **candidate** answers the questions asked with 'Yes' or 'No' in column '*Candidate*'. The **doctor** answers (in function of the candidate) the questions asked in column 'Doctor'.

This part of the questionnaire must always be completed in full.

Neurological disorders	***Candidate***		***Doctor***	
1. Have you ever had an injury or condition in the central nervous system, brain or skull, from birth or as a result of an accident or illness (e.g. stroke, tumour, multiple sclerosis, ...)	Yes ❒	No ❒	Yes ❒	No ❒
2. Do you have a condition of the nerves located in the spine or in the limbs?	Yes ❒	No ❒	Yes ❒	No ❒
3. Are you known to have any condition that may cause a loss of consciousness, sudden loss of consciousness or sudden disturbance of your normal functioning?	Yes ❒	No ❒	Yes ❒	No ❒
4. Have you ever been in a coma?	Yes ❒	No ❒	Yes ❒	No ❒
5. Do you have, or have you ever been told you have, any disorders of perception, attention, concentration, judgement, speed of reaction or behaviour, orientation in time and space?	Yes ❒	No ❒	Yes ❒	No ❒
Mental disorders				
6. Do you now, or have you in the past, had a mental (mental or psychiatric) disorder or have you ever been told that you are not mentally functioning normally?	Yes ❒	No ❒	Yes ❒	No ❒
7. Do you have major adaptation problems that manifest themselves, for example, in inappropriate (traffic) behaviour, excessive risk-taking or uncontrolled behaviour?	Yes ❒	No ❒	Yes ❒	No ❒
Epilepsy				
8. Do you have epilepsy or have you ever had one or more seizures or other attacks of loss of consciousness?	Yes ❒	No ❒	Yes ❒	No ❒
Pathological somnolentia				
9. Do you show any unusual tendencies to sleep during the day or are you known to have a disease that disturbs sleep or provokes excessive daytime sleepiness?	Yes ❒	No ❒	Yes ❒	No ❒
Locomotor disorders				
10. Are you known to have a condition that manifests itself in reduced strength, reduced mobility, complete or partial absence or paralysis of one or more limbs, a sensitivity disorder, a balance or coordination disorder?	Yes ❒	No ❒	Yes ❒	No ❒
Diseases of the heart or blood vessels				
11. Do you have, or have you ever had, heart disease? (e.g. heart attack, heart valve defect, cardiac arrhythmia, ...)	Yes ❒	No ❒	Yes ❒	No ❒
12. Are you a wearer of a pacemaker or a defibrillator?	Yes ❒	No ❒	Yes ❒	No ❒
13. Do you have too high or too low blood pressure or a disorder of the blood vessels?	Yes ❒	No ❒	Yes ❒	No ❒
Diabetes mellitus				
14. Are you known to have diabetes mellitus?	Yes ❒	No ❒	Yes ❒	No ❒
Disorders of the vestibular system				
15. Do you have any problems with balance or sudden attacks of balance or dizziness?	Yes ❒	No ❒	Yes ❒	No ❒

Visual functions	***Candidate***		***Doctor***	
16. Are you known to have any eye disease (e.g. glaucoma, cataract, loss of one eye, double vision, ...) or have you been/are you being treated for it (lens implant, laser, ...)?	Yes ❒	No ❒	Yes ❒	No ❒
17. Do you have poor, blurred or confused vision (you have poor vision if you cannot read the number plate of a car 15 to 20 metres away).	Yes ❒	No ❒	Yes ❒	No ❒
18. Do you wear glasses or contact lenses or use any other aids to see far?	Yes ❒	No ❒	Yes ❒	No ❒
19. Is your field of vision limited or are there areas in your field of vision where you see nothing or less than normal?	Yes ❒	No ❒	Yes ❒	No ❒
20. Do you have unusual difficulty in seeing in twilight and/or darkness, fog, bad weather conditions?	Yes ❒	No ❒	Yes ❒	No ❒
21. Do you have other problems with vision, e.g. recognising, distinguishing or processing visual information, estimating distance, depth and/or speed?	Yes ❒	No ❒	Yes ❒	No ❒
Alcohol, psychotropic substances				
22. Do you use or have you ever used drugs, narcotics or stimulants?	Yes ❒	No ❒	Yes ❒	No ❒
23. Do you use alcohol excessively, are you alcohol-dependent, alcohol-abusing or can't abstain from using alcohol when driving a motor vehicle, or has this ever been the case in the past?	Yes ❒	No ❒	Yes ❒	No ❒
Kidney and liver disorders				
24. Are you known to have a kidney or liver disease?	Yes ❒	No ❒	Yes ❒	No ❒
Implants				
25. Have you undergone an organ transplant?	Yes ❒	No ❒	Yes ❒	No ❒
26. Have you had an implantation? (device inserted into the body by surgery).	Yes ❒	No ❒	Yes ❒	No ❒
Other disorders				
27. Do you have any functional impairment other than those mentioned above that could limit your functional ability to drive and pose a danger when driving a motor vehicle?	Yes ❒	No ❒	Yes ❒	No ❒
Pharmaceuticals				
28. Are you taking any medication? If so, which? (state what you take regularly and what you take occasionally, with the dose)	Yes ❒	No ❒	Yes ❒	No ❒

To be filled in by the candidate only:

Regularly: …….

Occasionally:…….

I, the undersigned, declare on my honour that I have answered the foregoing information and questionnaire truthfully and fully.

The doctor is requested to fill in the corresponding information sheets (see below) for those conditions where the answer is **yes**, or, if necessary, to have them filled in by the relevant specialist.

Date: ……/……/……

Signature applicant:

Date: ……/……/……

Signature of the doctor:

Name doctor: …….

RIZIV number and stamp

Diagnosis / reason for referral

Diagnosis, possible aetiology and treatment (WITH DATE):

……..
……..
……..
……..
……..

Relevant secondary diagnosis(s), possible aetiology and treatment (WITH DATE):

……..
……..
……..
……..
……..

Has the functional condition changed compared to the previous application?? ❒ Yes ❒ No ❒ N/A
(If No, no further entries should be made).

Current medication: ……..……
……..
……..

What is the current medical condition of the candidate? ……
……..
……..
……..…

What is the expected evolution? ……..
……..
……..

Clinical examination (neurological - locomotor) *current condition:*

	Right UL	Left UL	Right LL	Left LL
Force				
Sens. superficial profound				
Mobility				
Reflexes – tonus				
Coordination				
Clonus/spasms	❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No

……..…
……..…
……..…
……..…
……..…

Does the candidate have *cognitive impairments*: memory, attention, concentration, orientation in time and space, apraxia, agnosia, aphasia (motor/sensory), neglect disorder, anosognosia, perceptual or visuospatial dysfunctions, other: ……. If yes, please indicate.

Do you consider it desirable to do a neuropsychological examination? ❒ Yes ❒ No
(if a recent neuropsychological report is available, please attach it).
Motivation:
……
……..…
……..

Does the candidate have sufficient self-awareness, discipline and compliance? ❒ Yes ❒ No

You can fill in one of the advice sheets added at the back, this is purely an advice, not a decision.

Please provide the most relevant medical report(s) regarding your patient's main and/or secondary diagnosis(s). Thank you in advance.

Name and address of attending doctor: …….……..
……..…
……..
……..

Date: *RIZIV number and stamp:*
Signature:

ADVICE 1: ADVICE FORM DOCTORS

Here you can express your opinion on your patient's fitness to drive. This form is only an advice, not an evaluation or a final decision.

Categories of driving licence for **group 1**:

	Favorable	Reserved	Unfavourable
❒ AM (moped)	❒	❒	❒
❒ A1 (motorbike)	❒	❒	❒
❒ A2 (motorbike)	❒	❒	❒
❒ A (motorbike)	❒	❒	❒
❒ B (car)	❒	❒	❒
❒ B + E (trailer)	❒	❒	❒
❒ G (tractor)	❒	❒	❒

Do you consider it desirable to impose conditions or restrictions (only known enviroment, no highway, only in daylight, alcohol lock, ...)?

❒ Yes ❒ No

If yes, what conditions or restrictions? ……...
……
……
……

Remarks: ……...
……
……
……..

Period of validity (if any):

❒ Unlimited validity

❒ A limited validity period: ……/……/……

Name and address of attending doctor/specialist: ……
……
……
……

Date: *RIZIV number and stamp:*

Signature:

ADVICE 2: ADVICE FORM DOCTORS

Here you can express your opinion on your patient's fitness to drive. This form is only an advice, not an evaluation or a final decision.

Categories of driving licence for **group 1**:

	Favorable	Reserved	Unfavourable
❒ AM (moped)	❒	❒	❒
❒ A1 (motorbike)	❒	❒	❒
❒ A2 (motorbike)	❒	❒	❒
❒ A (motorbike)	❒	❒	❒
❒ B (car)	❒	❒	❒
❒ B + E (trailer)	❒	❒	❒
❒ G (tractor)	❒	❒	❒

Do you consider it desirable to impose conditions or restrictions (only known enviroment, no highway, only in daylight, alcohol lock, ...)?

❒ Yes ❒ No

If yes, what conditions or restrictions? ……..
……
……
……

Remarks: ……...
……
……
……...

Period of validity (if any):

❒ Unlimited validity

❒ A limited validity period: ……/……/……

Name and address of attending doctor/specialist: ……
……
……
……

Date: *RIZIV number and stamp:*

Signature:

ADVICE 3: ADVICE FORM OPHTHALMOLOGISTS

Here you can express your opinion on your patient's fitness to drive. This form is only an advice, not an evaluation or a final decision.

Categories of driving licence for **group 1**:

	Favorable	Reserved	Unfavourable	CARA*
❒ AM (moped)	❒	❒	❒	❒
❒ A1 (motorbike)	❒	❒	❒	❒
❒ A2 (motorbike)	❒	❒	❒	❒
❒ A (motorbike)	❒	❒	❒	❒
❒ B (car)	❒	❒	❒	❒
❒ B + E (trailer)	❒	❒	❒	❒
❒ G (tractor)	❒	❒	❒	❒

Do you consider it necessary for the candidate to wear an optical correction for driving a vehicle?

❒ Yes ❒ No

If yes, which correction?

❒ Glasses only
❒ Contact lenses only
❒ Glasses or contact lenses
❒ Eye patch left / right
❒ Specific vision aid, please specify: ……...
❒ Specific vision aid left, specify: ……...
❒ Specific vision aid right, specify: ……

Do you consider it desirable to impose conditions or restrictions (only drive during daylight, only known environment, no highway)?

❒ Yes ❒ No

If yes, what conditions or restrictions? ……...
……
……

Remarks: ……
……

Period of validity (if any):

❒ Unlimited validity
❒ A limited validity period: ……/……/……

Name and address of the attending ophthalmologist:
……
……
……

Date: *RIZIV number and stamp:*
Signature:

* To be determined by CARA (if the candidate can only be declared fit to drive in accordance with Article 45 of the RD of 23 March 1998, please fill in and enclose an official model VIII).

PREFERENTIAL APPOINTMENT PLACE FORM

The CARA conducts driving practice examinations at various locations as part of the driving fitness assessment. May we ask you to complete this form so that we can **take your preferred meeting place into account**?

ATTENTION: Your medical problem determines the place and the related examinations and vehicles. For example, if a medical or neuropsychological examination is deemed necessary by our service, you will be invited to Brussels.

❒ Brussels

❒ Flemish Brabant

❒ Region Leuven

❒ Region Diest

❒ Region Vlezenbeek

❒ Antwerp

❒ Region Geel

❒ Region Kontich

❒ Region Bornem

❒ Region Heist-op-den-Berg

❒ East Flanders

❒ Region Gent

❒ Region Brakel

❒ Region Aalst

❒ West Flanders

❒ Region Brugge

❒ Region Kortrijk

❒ Region Ieper

❒ Region Roeselare

❒ Limburg

❒ Region Hasselt

❒ Region Overpelt

❒ Region Lanaken