

Request for Medical Evidence

To be completed by a registered medical professional.

APPLICANT'S NAME: _____

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| 1) | Is the applicant blind? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2) | Is the applicant partially-sighted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3) | Is the applicant profoundly or severely deaf? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4) | Is the applicant without speech? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5) | Does the applicant have a disability which has a substantial and long-term effect on their ability to walk? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please answer questions 5a and 5b only if you have answered 'Yes' to question 5.

- | | | | | | |
|-----|---|-----|--------------------------|----|--------------------------|
| 5a) | Does the applicant regularly need to use a wheelchair, crutches or a walking frame? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5b) | Is the applicant able to walk for at least 100 metres without stopping, suffering severe discomfort, or requiring help from another person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6) | Is the applicant without arms or has long term loss of the use of both arms? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7) | Does the applicant have a learning disability*? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8) | Does the applicant suffer from a medical condition that would result in failure to obtain a driving licence**? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9) | Is the applicant able to travel independently, without the assistance of a companion? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

To authenticate this form, please attach a sheet of headed notepaper or stamp the form with the name of your medical practice/organisation. Please attach any other relevant documents needing to be considered.

CERTIFIED BY (NAME): _____ **SIGNATURE:** _____

POSITION: _____ **DATE :** _____

ADDRESS: _____

_____ **TELEPHONE:** _____

The Transport Act 2000 provides for a statutory minimum travel concession on local bus services for elderly and disabled people in England. The Act does not require the applicants to be fully indemnified for the cost of any signed medical certification proving their entitlement to a concession. If a charge is to be made for the completion of this form you should obtain confirmation from your patient that they will pay the amount due. City of York Council does not accept liability for any costs incurred for the completion of this statement.

*A learning disability is defined in the Transport Act 2000 as "a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning"

**would have an application refused pursuant to Part III, section 92 of the Road Traffic Act 1988 (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.