

# Disabled Persons' Freedom Pass

## *Medical report form*

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 HARINGEY COUNCIL

ENVIRONMENTAL SERVICES

### The medical report form is for applicants with any of the following conditions

1. Profoundly or severely deaf or without speech
2. A disability or an injury, which has a substantial and long-term adverse effect on their ability to walk
3. Does not have arms or has long-term loss of the use of both arms
4. Medically unfit to drive
5. Learning disability (arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning)

Please use **BLOCK CAPITALS** and tick (✓) relevant boxes.

This form must **only** be completed by Doctors, Consultants or Medical Specialists.

NOTE to Doctors: you may complete a fee form if you wish to claim the statutory payment for the completion of this form.

If you have any enquiries relating to this form please contact the Concessionary Travel Department  
Tel: 020 8489 1878 or 1865.

Patient's surname:

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Patient's forename(s):

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Address:

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Postcode:

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Date of birth:

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Doctor's name:

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Telephone no.:

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Please indicate the name/diagnosis of your patient's disability.

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**1. Profoundly or severely deaf or without speech**

**YES NO**

Is your patient profoundly or severely deaf?  
*This would mean a hearing loss of at least 70dBHL.*

Is your patient without speech?  
*This means they are unable to make basic oral requests, e.g. to ask for a particular destination or fare, or unable to ask specific questions to clarify instructions. This category DOES NOT include those who are able to communicate orally but whose speech may be slow or difficult to understand, for example, a severe stammer.*

**2. A disability or an injury, which has a substantial and long-term adverse effect on their ability to walk**

**YES NO**

Does your patient's disability have a **substantial** and **long-term** adverse effect on mobility?

In your opinion, will this condition be sustained in excess of three years?

Does this disability seriously impair the ability to walk?

Does your patient experience pain whilst walking up to 100 metres?

Does your patient become **severely** tired or breathless after walking 100 metres?

Please describe how this condition affects your patient's mobility

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**3. Does not have arms or has long-term loss of the use of both arms**

**YES NO**

Is your patient without the long-term use of both arms?

**4. Medically unfit to drive**

Section 92 of the Road Traffic Act 1988 states that the Secretary of State may refuse to issue a driving licence on the grounds of an applicant's medical fitness.

Do you believe the patient would have their application refused if they were to apply for a driving licence?

**YES**

**NO**



The grounds for denying a driving licence are as follows

- i. Epilepsy (unless it is a type which does not pose a danger)
- ii. Severe mental disorder
- iii. Liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise)
- iv. Inability to read a registration plate in good light at 20.05 metres (with lenses if worn)
- v. Any other disability likely to be a source of danger to the public if applicant drove

If **YES**, please indicate on what grounds

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If epilepsy, how often does the patient suffer from epileptic fits and are they controlled by medication?

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Please indicate any medication, treatment or rehabilitation that has been prescribed for your patient, and that is relevant to their application for a Disabled Persons' Freedom Pass

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Please note: People who persistently misuse drugs or alcohol are not covered by the definition of 'disabled person' under the Act.

**5. Learning disability (arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning)**

**YES**                      **NO**

Does the patient have a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence, social functioning and behaviour?

If **YES**, please indicate how below.

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Please indicate any medication, treatment or rehabilitation that has been prescribed for your patient, and that is relevant to their application for a Disabled Persons' Freedom Pass.

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Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Stamp

*This **must** be provided if your patient's application is to be considered.*

Practice Stamp



This form should be completed and returned in the envelope provided.

**Data Security Statement:** Haringey Council intends to fulfil all its obligations under the Data Protection Act 1998 (the Act). The Council will ensure that all processing of data falling within the scope of the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by Haringey Council can be assured the information will be maintained in confidence and treated with all due care. Haringey Council tries to keep information held about you accurate and up-to-date. However, if you find any inaccuracies you have the right to have them corrected. If you have any concerns about the processing of information by Haringey Council you may contact the Data Protection Officer, Alexandra House, 4th Floor, 10 Station Road, Wood Green, London, N22 7TR or the Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.