

10 Sin Ming Drive Singapore 575701  
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Submit your Assessment Form and  
 On-Road Assessment Form using  
 the QR Code



**ASSESSMENT ON FITNESS TO DRIVE FOR  
 VOCATIONAL LICENCE HOLDERS AGED 70 YEARS AND ABOVE**

This form may take you 15 minutes to complete.  
 You will need the following document(s) to fill in the form:

- NRIC
- Vocational Licence

The Land Transport Authority (LTA), as the Licensing Authority for Vocational Licences, requires all sections (A to G) of this report to be satisfied before granting the applicant a licence or renewal of a licence.

There are two parts to this assessment. The first part is to be conducted by a certified medical practitioner. If the applicant passes the assessment by the medical practitioner, he/she can then proceed to the second part of the assessment to be conducted by an authorised driving instructor appointed by the LTA.

**This assessment form can be submitted to the Traffic Police (TP) to retain your Class 3 Driving Licence purpose. Please note that only an original or certified true copy of the completed LTA's assessment form will be accepted by LTA and TP for the renewal of vocational licence and retention of Class 3 driving licences. Please submit these to LTA and TP separately, at least 14 days before your next birthday in order to renew/retain your vocational licence and driving licence respectively.**

**PART I: TO BE COMPLETED BY APPLICANT**

**Section A – Particulars of Applicant**

1	NRIC/FIN No		
2	Name as in NRIC/FIN		
3	Contact Number		
4	Type of Vocational Licence (Please tick <input checked="" type="checkbox"/> where applicable)	Taxi Driver's Vocational Licence (TDVL) <input type="checkbox"/>	Bus Driver's Vocational Licence (BDVL) <input type="checkbox"/>
		Private Hire Car Driver's Vocational Licence (PDVL) <input type="checkbox"/>	

**Section B – Driving History**

1	Years of driving experience			
2	Years of taxi / private hire/ bus driving	Taxi:	Private Hire Car:	Bus (Class 3 / 3A):
3	Previous traffic accidents, if any			

I declare that the information given in this assessment is true and correct. I understand that if I have wilfully suppressed any information required, the renewed vocational licence, if issued, will be revoked. I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

\_\_\_\_\_  
 Signature of Applicant & Date  
 (In the presence of the Medical Practitioner)

\_\_\_\_\_  
 Name, Signature of Medical Practitioner & Date

**PART II: TO BE COMPLETED BY MEDICAL PRACTITIONER** (please ✓ in the appropriate column)

**Section C – Medical History**

Any history or problems of the following:		Yes	No	Remarks
<b>Cardiac / Pulmonary Systems</b>				
1	Shortness of breath at rest or on lying flat			
2	Asthma / bronchitis / COPD			
3	High blood pressure			
4	Heart attack / disease			
5	Chest pain on exertion or at night			
<b>Neuro / Musculo-skeletal System</b>				
6	Psychiatric Illness			
7	Severe headaches or migraine			
8	Stroke / TIA			
9	Epilepsy or fits of any kind / faints			
10	Head injury or concussions			
11	Muscle disease or weakness			
12	Arthritis / joint disease / numbness in hands and fingers			
<b>Vision-hearing</b>				
13	Eye trouble of any kind (e.g. cataracts, glaucoma, strabismus)			
14	Colour blindness			
15	Difficulty seeing in the dark			
16	Deafness			
<b>Endocrine System</b>				
17	Diabetes			
18	Thyroid Disease			
19	Surgical Operations			
20	Any relevant medical problems or injuries not mentioned above			

**Section D – Tests of Vision**

Test		Remarks		
1	Colour Perception (Ability to recognise accurately the colours red, green and amber)	Able / Unable to recognise red, green and amber		
2	Visual Acuity (Snellen Eye Chart) * Corrected / Uncorrected	RE	LE	
3	Near Vision * Corrected / Uncorrected	RE	LE	
4	Visual Fields (Confrontation Test)	RE	LE	
5	Additional Remarks			

Note: The standard of acuity of vision should be at least 6/12 in each eye, with or without optical aids.

**Section E – General Medical Examination**

		Assessment	Remarks
1	General Condition		
2	Cardio-vascular System    S1_S2_ _____ Murmurs _____ Blood Pressure _____ mmHg Heart Rate _____ bpm		
3	Lungs		
4	Abdomen		
5	Neuro-muscular System		
6	Any evidence of abnormality of the nervous system		
7	Any evidence of psychiatric disorder		
8	Any defect of hearing		
9	Any deformities and/or physical disabilities observed		
10	Any abnormality or limitations in range of movement of the joints (Appropriate test (e.g. Straight Leg Raise) should be conducted)		
11	Any limitation in strength of upper limbs and lower limbs (power)		
12	Finger-nose co-ordination Test		
13	Does the applicant show any evidence of being addicted to the excessive use of alcohol or drug?		
14	Additional Remarks by the Medical Examiner:	Pass / Fail	

**Section F – Abbreviated Mental Test (AMT)**

		Score	Remarks
Please remember the following phrase: "37 Bukit Timah Road". I will be asking you to repeat the phrase to me later.			
1	What is the present year? (Western calendar, i.e. 20__)		
2	What time is it now (within 1 hour)?		
3	What is your age? (for Chinese, +1yr is usually the norm and hence acceptable).		
4	What is your date of birth? (Western year +/- month and day)		
5	Where are we now? (hospital or clinic is acceptable)		
6	What is your home address? (complete address excluding postal code)		
7	Who is Singapore's present Prime Minister?		
8	Show picture of a profession (e.g. a nurse or doctor) What is his/her job?		
9	Count backwards from 20 to 1		
10	Please recall the memory phrase.		
		Total *	Pass / Fail
11	Additional Remarks by the Medical Examiner:		

- Each question correctly answered scores one point. A score of less than 7 suggests cognitive impairment, may require referral for further tests to confirm the diagnosis.

For Medical Examiner

Please tick ✓ in the appropriate column.

I certify that I have on this day examined the applicant named on Section A. He/ She has shown me his/ her identity card which bears the same number given on this form. The answers to the questions above are correct to the best of my knowledge. I assessed the applicant as

- a.  FIT on condition that he/she also passes the On-Road assessment.
- b.  UNFIT; the assessment ends here. No need to proceed for the On-road assessment.

to hold / drive safely on the public roads, motor vehicle(s) of the class or classes for which he/she seeks the grant of or the renewal of a vocational licence.

Name and Signature of Medical Examiner	MCR Number	Date
Name of Hospital / Clinic: _____		
Address of Hospital / Clinic: _____		

**Part III: To be completed by Authorised Driving Assessor**

**Section G –On-Road Driving Test** – (Please refer to attached report)

**For Authorised Driving Assessor** (please tick ✓ in the appropriate column)

I certify that I have on this day assessed the applicant named on Section A. He/ She has shown me his/ her identity card which bears the same number given on this form. Based on the applicant's performance in the Driving Assessment today, I declare the applicant as having:

a. <input type="checkbox"/> PASSED  b. <input type="checkbox"/> FAILED  the driving test to drive a Taxi and Private Hire Car safely on public roads	a. <input type="checkbox"/> PASSED  b. <input type="checkbox"/> FAILED  the driving test to drive a Private Hire Car safely on public roads	a. <input type="checkbox"/> PASSED  b. <input type="checkbox"/> FAILED  the driving test to drive a Class 3/3A bus safely on public roads
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**For applicants who failed the On-Road Driving Test**

Please tick ✓ in the appropriate box

The applicant may apply for driving re-test. (failure is due to driving skill)

The applicant is referred to Land Transport Authority for approval on On-road driving re-test. Please see remarks below.

**Remarks (by Driving Assessor):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Authorised Driving Assessor/ Date

Name of Assessment Centre: \_\_\_\_\_

Address of Assessment Centre: \_\_\_\_\_