

**AIRSIDE DRIVING – MEDICAL ASSESSMENT FORM**

Please fully complete the assessment form and return to the applicant's employer.

This form shall be used by Occupational Health Practitioners to record the results of an Airside Driving medical assessment for persons with a new or continued requirement to drive airside at Bristol Airport. It must be submitted to the ID Unit along with the driver permit application form.

Personal Details			
Surname		Forename(s)	
Date of Birth		Employer	

Permit Requirements			
Type of Permit Requested	A	Airside Roads and Aprons	<input type="checkbox"/>
	M	Manoeuvring Area (excluding runways)	<input type="checkbox"/>
	M/R	Manoeuvring Area (including runways)	<input type="checkbox"/>
What vehicles, plant or equipment is the applicant intending to drive airside?			

Assessment Details		
	Yes	No
The applicant meets vision standards equivalent to DVLA Group 2?	<input type="checkbox"/>	<input type="checkbox"/>
The applicant meets colour perception requirements for an Airside Driving Permit?	<input type="checkbox"/>	<input type="checkbox"/>
The applicant meets the hearing requirements for an Airside Driving Permit?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have any other health conditions which affect their ability to meet DVLA Group 1 or 2 health standards, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other areas of concern or items which you believe we should be made aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Other comments, recommendations, or observations:		

Assessor's Details			
Assessor's Name		Signature	
Date of Assessment			STAMP
Telephone Number			
Practise Name			
Practise Address			