South Tyneside Council

Section 4: Declaration by Medical Professional

This page must only be completed by a Medical Professional

Details of applicant:

Title (Miss/Ms/Mrs/Mr/Other): _____

First Name: _____

Surname: _____

Date of Birth: _____

I can confirm that the applicant named above meets the required eligibility for a Disabled Bus Pass on the grounds that they: (please ✓ tick one box only)

☐ Are Blind or Partial Sighted.

☐ Are profoundly or severely deaf.

☐ Are without speech.

☐ Have a disability or have suffered an injury, which has a substantial and long-term adverse effect on their ability to walk.

Please state Distance in Metres (M) you feel the applicant can walk without severe discomfort

_____

_____

☐ Do not have arms or have long term loss of use of both arms.

☐ Have a significant learning disability (not difficulty) defined as 'A state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning'.

☐ Would have their application for a driving licence refused on the grounds of medical fitness.

Description of Disability (Sight/audio scores if applicable)

_____

_____

_____

Your Name and Medical Title:_____

Contact Address:_____

_____

_____

Contact Number: _____

Signed: _____ Date: _____

Official Surgery Stamp

(Required)

Please note any fees/charges due as the result of supplying this information are paid by the applicant.

Please return this form along with your application