Oxford Brookes University occupational health

# Appendix 1: Forms

# Staff Drivers Medical Form

Date:

Name:

Date of birth:

Faculty/directorate:

## Medical fitness to drive

Since your last medical, have you suffered from any of the following:

Diabetes yes / no

Epilepsy yes / no

Heart problem yes / no

Angina yes / no

High blood pressure yes / no

Dizziness/vertigo yes / no

Visual disturbances yes / no

Hearing problems yes / no

Head injury yes /no

Psychological disorder yes / no

Over 1 month off sick yes / no

Are you taking any medication currently? yes / no

## Measurements

Blood pressure:

Urine: glucose protein

Alcohol units/week:

Visual acuity:

Rt: L6/ N

Lt: L6/ N

Stereo

Visual fields

Locomotor system:

Any other comments:

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# Student drivers medical form

Date

Name:

Date of birth:

## Medical fitness to drive

Have you suffered from any of the following in the last two years:

Diabetes yes / no

Epilepsy yes / no

Heart problem yes / no

Angina yes / no

High blood pressure yes / no

Dizziness/vertigo yes / no

Visual disturbances yes / no

Hearing problems yes / no

Head injury yes / no

Psychological disorder yes / no

Over 1 month off sick yes / no

Are you taking any medication currently? yes / no

Do you wear glasses/contact lenses? yes / no

How much alcohol do you drink per week?

Please state below if there is anything you are aware of that could adversely affect you driving long distances.

# Driver’s Declaration Form

## Section 1

This section of the form must be completed by the Faculty/Directorate nominee responsible for organising minibus driving to which OBUHSN-27 applies.

Name:

Faculty/Directorate:

Date of Birth:

Over 21 years old yes / no

Date awarded full driving licence

Driving licence inspected? yes / no

Correct driving classifications? yes / no

Any endorsements? yes / no

If yes, please give details

The University's insurers may permit the applicant to drive a minibus with an endorsement, subject to any restrictions imposed by the insurance policy covering the minibus.

Date of University driving medical

Is medical still valid? yes / No

Date of University driving assessment

Is driving assessment still valid? yes / no

Signed: Date:

## Section 2

This section is to be completed by the minibus driver

I confirm that the information given above is correct. I understand that any future endorsements/convictions will be reported to the person completing Section 1 above which may result in suspension of my approval to drive a minibus.

Signed: Date:

Even if the criteria specified in OBUHSN-27 are fulfilled, the University reserves the right to refuse to approve a driver in certain cases.

# Driving assessment form

Name of driver:

Faculty/directorate:

Vehicle make and model: Registration Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle control | Good | Average | Poor |
| Acceleration |  |  |  |
| Braking |  |  |  |
| Clutch control |  |  |  |
| Gear changing and use of gears |  |  |  |
| Steering and deportment at wheel |  |  |  |
| Traffic driving | Good | Average | Poor |
| Traffic observation |  |  |  |
| Adequate progress and positioning |  |  |  |
| Obstructing other vehicles |  |  |  |
| Observance of speed limits |  |  |  |
| Observance of road surfaces |  |  |  |
| Signals, signs and pedestrian crossings | Good | Average | Poor |
| Observation and obedience |  |  |  |
| Method of approach |  |  |  |
| Behaviour on roads | Good | Average | Poor |
| Distance observation |  |  |  |
| Correct use of speed |  |  |  |
| Consideration of other road users |  |  |  |
| Hazard approach and cornering |  |  |  |
| Use of mirrors and horn |  |  |  |
| Aptitude and restraint |  |  |  |
| Car sympathy |  |  |  |
| Comments |  |  |  |
| Manoeuvring and reversing | Good | Average | Poor |
| Turning right |  |  |  |
| Turning left |  |  |  |
| Reverse right |  |  |  |
| Reverse left |  |  |  |
| Reverse parking right |  |  |  |
| Reverse parking left |  |  |  |

## General Remarks

Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_