

## ANNEX III

MINIMUM STANDARDS OF PHYSICAL AND MENTAL  
FITNESS FOR DRIVING A POWER-DRIVEN VEHICLE

## DEFINITIONS

1. For the purpose of this Annex, drivers are classified in two groups:
  - 1.1. Group 1:  
drivers of vehicles of categories A, A1, A2, AM, B, B1 and BE.
  - 1.2. Group 2:  
drivers of vehicles of categories C, CE, C1, C1E, D, DE, D1 and D1E.
  - 1.3. National legislation may provide for the provisions set out in this Annex for Group 2 drivers to apply to drivers of Category B vehicles using their driving licence for professional purposes (taxis, ambulances, etc.).
2. Similarly, applicants for a first driving licence or for the renewal of a driving licence are classified in the group to which they will belong once the licence has been issued or renewed.

## MEDICAL EXAMINATIONS

3. Group 1:

Applicants shall be required to undergo a medical examination if it becomes apparent, when the necessary formalities are being completed or during the tests which they have to undergo prior to obtaining a driving licence, that they have one or more of the medical disabilities mentioned in this Annex.

4. Group 2:

Applicants shall undergo medical examinations before a driving licence is first issued to them and thereafter drivers shall be checked in accordance with the national system in place in the Member State of normal residence whenever their driving licence is renewed

5. The standards set by Member States for the issue or any subsequent renewal of driving licences may be stricter than those set out in this Annex.

[<sup>F1</sup>EYESIGHT

6. All applicants for a driving licence shall undergo an appropriate investigation to ensure that they have adequate visual acuity for driving power-driven vehicles. Where there is reason to doubt that the applicant's vision is adequate, he/she shall be examined by a competent medical authority. At this examination attention shall be paid, in particular, to the following: visual acuity, field of vision, twilight vision, glare and contrast sensitivity, diplopia and other visual functions that can compromise safe driving.

For group 1 drivers, licensing may be considered in 'exceptional cases' where the visual field standard or visual acuity standard cannot be met; in such cases the driver should undergo examination by a competent medical authority to demonstrate that there is no other impairment of visual function, including glare, contrast sensitivity and twilight vision. The driver or applicant should also be subject to a positive practical test conducted by a competent authority.

*Group 1:*

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- 6.1. Applicants for a driving licence or for the renewal of such a licence shall have a binocular visual acuity, with corrective lenses if necessary, of at least 0,5 when using both eyes together.

Moreover, the horizontal visual field should be at least 120 degrees, the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within a radius of the central 20 degrees.

When a progressive eye disease is detected or declared, driving licences may be issued or renewed subject to the applicant undergoing regular examination by a competent medical authority.

- 6.2. Applicants for a driving licence, or for the renewal of such a licence, who have total functional loss of vision in one eye or who use only one eye (e.g. in the case of diplopia) must have a visual acuity of at least 0,5, with corrective lenses if necessary. The competent medical authority must certify that this condition of monocular vision has existed for a sufficiently long time to allow adaptation and that the field of vision in this eye meets the requirement laid down in paragraph 6.1.
- 6.3. After any recently developed diplopia or after the loss of vision in one eye, there should be an appropriate adaptation period (for example, six months), during which driving is not allowed. After this period, driving is only allowed following a favourable opinion from vision and driving experts.

*Group 2:*

- 6.4. Applicants for a driving licence or for the renewal of such a licence shall have a visual acuity, with corrective lenses if necessary, of at least 0,8 in the better eye and at least 0,1 in the worse eye. If corrective lenses are used to attain the values of 0,8 and 0,1, the minimum acuity (0,8 and 0,1) must be achieved either by correction by means of glasses with a power not exceeding plus eight dioptries, or with the aid of contact lenses. The correction must be well tolerated.

Moreover, the horizontal visual field with both eyes should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

Driving licences shall not be issued to or renewed for applicants or drivers suffering from impaired contrast sensitivity or from diplopia.

After a substantial loss of vision in one eye, there should be an appropriate adaptation period (for example six months) during which the subject is not allowed to drive. After this period, driving is only allowed after a favourable opinion from vision and driving experts.]

HEARING

7. Driving licences may be issued to or renewed for applicants or drivers in Group 2 subject to the opinion of the competent medical authorities; particular account will be taken in medical examinations of the scope for compensation.

PERSONS WITH A LOCOMOTOR DISABILITY

8. Driving licences shall not be issued to or renewed for applicants or drivers suffering from complaints or abnormalities of the locomotor system which make it dangerous to drive a power-driven vehicle.

*Group 1:*

- 8.1. Driving licences subject to certain restrictions, if necessary, may be issued to physically disabled applicants or drivers following the issuing of an opinion by a

competent medical authority. This opinion must be based on a medical assessment of the complaint or abnormality in question and, where necessary, on a practical test. It must also indicate what type of modification to the vehicle is required and whether the driver needs to be fitted with an orthopaedic device, insofar as the test of skills and behaviour demonstrates that with such a device driving would not to be dangerous.

- 8.2. Driving licences may be issued to or renewed for any applicant suffering from a progressive complaint on condition that the disabled person is regularly examined to check that the person is still capable of driving the vehicle completely safely.

Where the disability is static, driving licences may be issued or renewed without the applicant being subject to regular medical examination.

Group 2:

- 8.3. The competent medical authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definition of this group.

#### [<sup>F2</sup>CARDIOVASCULAR DISEASES

9. Cardiovascular conditions or diseases can lead to a sudden impairment of the cerebral functions that constitutes a danger to road safety. These conditions represent grounds for establishing temporary or permanent restrictions to driving.
- 9.1. For the following cardiovascular conditions, driving licences may be issued or renewed for applicants or drivers in the indicated groups, only after the condition has been effectively treated and subject to competent medical authorisation and if appropriate, regular medical assessment:
- (a) brady-arrhythmias (sinus node disease and conduction disturbances) and tachy-arrhythmias (supraventricular and ventricular arrhythmias) with history of syncope or syncopal episodes due to arrhythmic conditions (applies to group 1 and 2);
  - (b) brady-arrhythmias: sinus node disease and conduction disturbances with second degree atrioventricular (AV) block Mobitz II, third degree AV block or alternating bundle branch block (applies to group 2 only);
  - (c) tachy-arrhythmias (supraventricular and ventricular arrhythmias) with
    - structural heart disease and sustained ventricular tachycardia (VT) (applies to group 1 and 2), or
    - polymorphic nonsustained VT, sustained ventricular tachycardia or with an indication for a defibrillator (applies to group 2 only);
  - (d) symptomatic of angina (applies to group 1 and 2);
  - (e) permanent pacemaker implantation or replacement (applies to group 2 only);
  - (f) defibrillator implantation or replacement or appropriate or inappropriate defibrillator shock (applies to group 1 only);
  - (g) syncope (a transient loss of consciousness and postural tone, characterised by rapid onset, short duration, and spontaneous recovery, due to global cerebral hypoperfusion, of presumed reflex origin, of unknown cause, with no evidence of underlying heart disease)(applies to group 1 and 2);
  - (h) acute coronary syndrome (applies to group 1 and 2);
  - (i) stable angina if symptoms do not occur with mild exercise (applies to group 1 and 2);

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- (j) percutaneous coronary intervention (PCI) (applies to group 1 and 2);
  - (k) coronary artery bypass graft surgery (CABG) (applies to group 1 and 2);
  - (l) stroke/transient ischemic attack (TIA) (applies to group 1 and 2);
  - (m) significant carotid artery stenosis (applies to group 2 only);
  - (n) maximum aortic diameter exceeding 5,5 cm (applies to group 2 only);
  - (o) heart failure:
    - New York Heart Association (NYHA) I, II, III (applies to group 1 only),
    - NYHA I and II provided that the left ventricular ejection fraction is at least 35 % (applies to group 2 only);
  - (p) heart transplantation (applies to group 1 and 2);
  - (q) cardiac assist device (applies to group 1 only);
  - (r) valvular heart surgery (applies to group 1 and 2);
  - (s) malignant hypertension (elevation in systolic blood pressure  $\geq$  180 mmHg or diastolic blood pressure  $\geq$  110 mmHg associated with impending or progressive organ damage) (applies to group 1 and 2);
  - (t) grade III blood pressure (diastolic blood pressure  $\geq$  110 mmHg and/or systolic blood pressure  $\geq$  180 mmHg) (applies to group 2 only);
  - (u) congenital heart disease (applies to group 1 and 2);
  - (v) hypertrophic cardiomyopathy if without syncope (applies to group 1 only);
  - (w) long QT syndrome with syncope, Torsade des Pointes or QTc > 500 ms (applies to group 1 only).
- 9.2. For the following cardiovascular conditions, driving licences shall not be issued or renewed for applicants or drivers in the indicated groups:
- (a) implant of a defibrillator (applies to group 2 only);
  - (b) peripheral vascular disease — thoracic and abdominal aortic aneurysm when maximum aortic diameter is such that it predisposes to a significant risk of sudden rupture and hence a sudden disabling event (applies to group 1 and 2);
  - (c) heart failure:
    - NYHA IV (applies to group 1 only),
    - NYHA III and IV (applies to group 2 only);
  - (d) cardiac assist devices (applies to group 2 only);
  - (e) valvular heart disease with aortic regurgitation, aortic stenosis, mitral regurgitation or mitral stenosis if functional ability is estimated to be NYHA IV or if there have been syncopal episodes (applies to group 1 only);
  - (f) valvular heart disease in NYHA III or IV or with ejection fraction (EF) below 35 %, mitral stenosis and severe pulmonary hypertension or with severe echocardiographic aortic stenosis or aortic stenosis causing syncope; except for completely asymptomatic severe aortic stenosis if the exercise tolerance test requirements are fulfilled (applies to group 2 only);

- (g) structural and electrical cardiomyopathies — hypertrophic cardiomyopathy with history of syncope or when two or more of the following conditions present: left ventricle (LV) wall thickness > 3 cm, non-sustained ventricular tachycardia, a family history of sudden death (in a first degree relative), no increase of blood pressure with exercise (applies to group 2 only);
- (h) long QT syndrome with syncope, Torsade des Pointes and QTc > 500 ms (applies to group 2 only);
- (i) Brugada syndrome with syncope or aborted sudden cardiac death (applies to group 1 and 2).

Driving licences may be issued or renewed in exceptional cases, provided that it is duly justified by competent medical opinion and subject to regular medical assessment ensuring that the person is still capable of driving the vehicle safely taking into account the effects of the medical condition.

### 9.3. Other cardiomyopathies

The risk of sudden incapacitating events shall be evaluated in applicants or drivers with well described cardiomyopathies (e.g. arrhythmogenic right ventricular cardiomyopathy, non-compaction cardiomyopathy, catecholaminergic polymorphic ventricular tachycardia and short QT syndrome) or with new cardiomyopathies that may be discovered. A careful specialist evaluation is required. The prognostic features of the particular cardiomyopathy shall be considered.

9.4. Member States may restrict the issue or renewal of driving licences for applicants or drivers with other cardiovascular diseases.]

### [<sup>F1</sup>DIABETES MELLITUS

10. In the following paragraphs, a severe hypoglycaemia means that the assistance of another person is needed and a recurrent hypoglycaemia is defined as a second severe hypoglycaemia during a period of 12 months.

#### *Group 1:*

10.1. Driving licences may be issued to, or renewed for, applicants or drivers who have diabetes mellitus. When treated with medication, they should be subject to authorised medical opinion and regular medical review, appropriate to each case, but the interval should not exceed five years.

[<sup>F2</sup>10.2. An applicant or driver with diabetes treated with medication which carries a risk of inducing hypoglycaemia shall demonstrate an understanding of the risk of hypoglycaemia and adequate control of the condition.

Driving licences shall not be issued to, or renewed for, applicants or drivers who have inadequate awareness of hypoglycaemia.

Driving licences shall not be issued to, or renewed for, applicants or drivers who have recurrent severe hypoglycaemia, unless supported by competent medical opinion and regular medical assessment. For recurrent severe hypoglycaemias during waking hours a licence shall not be issued or renewed until 3 months after the most recent episode.

Driving licences may be issued or renewed in exceptional cases, provided that it is duly justified by competent medical opinion and subject to regular medical assessment, ensuring that the person is still capable of driving the vehicle safely taking into account the effects of the medical condition.]

#### *Group 2:*

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- 10.3. Consideration may be given to the issuing/renewal of group 2 licences to drivers with diabetes mellitus. When treated with medication which carries a risk of inducing hypoglycaemia (that is, with insulin, and some tablets), the following criteria should apply:
- no severe hypoglycaemic events have occurred in the previous 12 months,
  - the driver has full hypoglycaemic awareness,
  - the driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving,
  - the driver must demonstrate an understanding of the risks of hypoglycaemia,
  - there are no other debarring complications of diabetes.

Moreover, in these cases, such licences should be issued subject to the opinion of a competent medical authority and to regular medical review, undertaken at intervals of not more than three years.

- 10.4. A severe hypoglycaemic event during waking hours, even unrelated to driving, should be reported and should give rise to a reassessment of the licensing status.]

[<sup>F3</sup>NEUROLOGICAL DISEASES AND OBSTRUCTIVE SLEEP APNOEA SYNDROME  
NEUROLOGICAL DISEASES

- 11.1. Driving licences shall not be issued to, or renewed for, applicants or drivers suffering from a serious neurological disease, unless the application is supported by authorised medical opinion.

Neurological disturbances associated with diseases or surgical intervention affecting the central or peripheral nervous system, which lead to sensory or motor deficiencies and affect balance and coordination, must accordingly be taken into account in relation to their functional effects and the risks of progression. In such cases, the issue or renewal of the licence may be subject to periodic assessment in the event of risk of deterioration.

OBSTRUCTIVE SLEEP APNOEA SYNDROME

- 11.2. In the following paragraphs, a moderate obstructive sleep apnoea syndrome corresponds to a number of apnoeas and hypopnoeas per hour (Apnoea-Hypopnoea Index) between 15 and 29 and a severe obstructive sleep apnoea syndrome corresponds to an Apnoea-Hypopnoea Index of 30 or more, both associated with excessive daytime sleepiness.
- 11.3. Applicants or drivers in whom a moderate or severe obstructive sleep apnoea syndrome is suspected shall be referred for further authorised medical advice before a driving licence is issued or renewed. They may be advised not to drive until confirmation of the diagnosis.
- 11.4. Driving licences may be issued to applicants or drivers with moderate or severe obstructive sleep apnoea syndrome who show adequate control of their condition and compliance with appropriate treatment and improvement of sleepiness, if any, confirmed by authorised medical opinion.
- 11.5. Applicants or drivers with moderate or severe obstructive sleep apnoea syndrome under treatment shall be subject to a periodic medical review, at intervals not exceeding three years for drivers of group 1 and one year for drivers of group 2, with a view to establish the level of compliance with the treatment, the need for continuing the treatment and continued good vigilance.]

[<sup>F1</sup>EPILEPSY

12. Epileptic seizures or other sudden disturbances of the state of consciousness constitute a serious danger to road safety if they occur in a person driving a power-driven vehicle.

Epilepsy is defined as having had two or more epileptic seizures, less than five years apart. A provoked epileptic seizure is defined as a seizure which has a recognisable causative factor that is avoidable.

A person who has an initial or isolated seizure or loss of consciousness should be advised not to drive. A specialist report is required, stating the period of driving prohibition and the requested follow-up.

It is extremely important that the person's specific epilepsy syndrome and seizure type are identified so that a proper evaluation of the person's driving safety can be undertaken (including the risk of further seizures) and the appropriate therapy instituted. This should be done by a neurologist.

*Group 1:*

- 12.1. Drivers assessed under group 1 with epilepsy should be under licence review until they have been seizure-free for at least five years.

If the person has epilepsy, the criteria for an unconditional licence are not met. Notification should be given to the licensing authority.

- 12.2. Provoked epileptic seizure: the applicant who has had a provoked epileptic seizure because of a recognisable provoking factor that is unlikely to recur at the wheel can be declared able to drive on an individual basis, subject to neurological opinion (the assessment should be, if appropriate, in accordance with other relevant sections of Annex III (e.g. in the case of alcohol or other co-morbidity)).
- 12.3. First or single unprovoked seizure: the applicant who has had a first unprovoked epileptic seizure can be declared able to drive after a period of six months without seizures, if there has been an appropriate medical assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner.
- 12.4. Other loss of consciousness: the loss of consciousness should be assessed according to the risk of recurrence while driving.
- 12.5. Epilepsy: drivers or applicants can be declared fit to drive after a one-year period free of further seizures.
- 12.6. Seizures exclusively in sleep: the applicant or driver who has never had any seizures other than seizures during sleep can be declared fit to drive so long as this pattern has been established for a period which must not be less than the seizure-free period required for epilepsy. If there is an occurrence of attacks/seizure arising while awake, a one-year period free of further event before licensing is required (see 'Epilepsy').
- 12.7. Seizures without influence on consciousness or the ability to act: the applicant or driver who has never had any seizures other than seizures which have been demonstrated exclusively to affect neither consciousness nor cause any functional impairment can be declared fit to drive so long as this pattern has been established for a period which must not be less than the seizure-free period required for epilepsy. If there is an occurrence of any other kind of attacks/seizures a one-year period free of further event before licensing is required (see 'Epilepsy').
- 12.8. Seizures because of a physician-directed change or reduction of anti-epileptic therapy: the patient may be advised not to drive from the commencement of the period of

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withdrawal and thereafter for a period of six months after cessation of treatment. Seizures occurring during physician-advised change or withdrawal of medication require three months off driving if the previously effective treatment is reinstated.

12.9. After curative epilepsy surgery: see 'Epilepsy'.

Group 2:

12.10. The applicant should be without anti-epileptic medication for the required period of seizure freedom. An appropriate medical follow-up has been done. On extensive neurological investigation, no relevant cerebral pathology was established and there is no epileptiform activity on the electroencephalogram (EEG). An EEG and an appropriate neurological assessment should be performed after the acute episode.

12.11. Provoked epileptic seizure: the applicant who has had a provoked epileptic seizure because of a recognisable provoking factor that is unlikely to recur at the wheel can be declared able to drive on an individual basis, subject to neurological opinion. An EEG and an appropriate neurological assessment should be performed after the acute episode.

A person with a structural intra-cerebral lesion who has increased risk of seizures should not be able to drive vehicles of group 2 until the epilepsy risk has fallen to at least 2 % per annum. The assessment should be, if appropriate, in accordance with other relevant sections of Annex III (e.g. in the case of alcohol).

12.12. First or single unprovoked seizure: the applicant who has had a first unprovoked epileptic seizure can be declared able to drive once five years' freedom from further seizures has been achieved without the aid of anti-epileptic drugs, if there has been an appropriate neurological assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner.

12.13. Other loss of consciousness: the loss of consciousness should be assessed according to the risk of recurrence while driving. The risk of recurrence should be 2 % per annum or less.

12.14. Epilepsy: 10 years freedom from further seizures shall have been achieved without the aid of anti-epileptic drugs. National authorities may allow drivers with recognised good prognostic indicators to drive sooner. This also applies in case of 'juvenile epilepsy'.

Certain disorders (e.g. arterio-venous malformation or intra-cerebral haemorrhage) entail an increased risk of seizures, even if seizures have not yet occurred. In such a situation an assessment should be carried out by a competent medical authority; the risk of having a seizure should be 2 % per annum or less to allow licensing.]

#### MENTAL DISORDERS

Group 1:

13.1. Driving licences shall not be issued to, or renewed for, applicants or drivers who suffer from:

- severe mental disturbance, whether congenital or due to disease, trauma or neurosurgical operations,
- severe mental retardation,
- severe behavioural problems due to ageing; or personality defects leading to seriously impaired judgment, behaviour or adaptability,

unless their application is supported by authorised medical opinion and, if necessary, subject to regular medical check-ups.



## Group 2:

- 13.2. The competent medical authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definition of this group.

## ALCOHOL

14. Alcohol consumption constitutes a major danger to road safety. In view of the scale of the problem, the medical profession must be very vigilant.

## Group 1:

- 14.1. Driving licences shall not be issued to, or renewed for, applicants or drivers who are dependent on alcohol or unable to refrain from drinking and driving.

After a proven period of abstinence and subject to authorised medical opinion and regular medical check-ups, driving licences may be issued to, or renewed for, applicant or drivers who have in the past been dependent on alcohol.

## Group 2:

- 14.2. The competent medical authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definition of this group.

## DRUGS AND MEDICINAL PRODUCTS

15. Abuse:

Driving licences shall not be issued to or renewed for applicants or drivers who are dependent on psychotropic substances or who are not dependent on such substances but regularly abuse them, whatever category of licence is requested.

## Regular use:

## Group 1:

- 15.1. Driving licences shall not be issued to, or renewed for, applicants or drivers who regularly use psychotropic substances, in whatever form, which can hamper the ability to drive safely where the quantities absorbed are such as to have an adverse effect on driving. This shall apply to all other medicinal products or combinations of medicinal products which affect the ability to drive.

## Group 2:

- 15.2. The competent medical authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definitions of this group.

## RENAL DISORDERS

## Group 1:

- 16.1. Driving licences may be issued or renewed for applicants and drivers suffering from serious renal insufficiency subject to authorised medical opinion and regular medical check-ups.

## Group 2:

- 16.2. Save in exceptional cases duly justified by authorised medical opinion, and subject to regular medical check-ups, driving licences shall not be issued to or renewed for applicants or drivers suffering from serious and irreversible renal deficiency.

## MISCELLANEOUS PROVISIONS

## Group 1:

- 17.1. Subject to authorised medical opinion and, if necessary, regular medical check-ups, driving licences may be issued to or renewed for applications or drivers who have had an organ transplant or an artificial implant which affects the ability to drive.

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Group 2:

- 17.2. The competent medical authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definition of this group.
18. As a general rule, where applicants or drivers suffer from any disorder which is not mentioned in the preceding paragraph but is liable to be, or to result in, a functional incapacity affecting safety at the wheel, driving licences shall not be issued or renewed unless the application is supported by authorised medical opinion and, if necessary, subject to regular medical check-ups.