

ANNEX III

MINIMUM STANDARDS OF PHYSICAL AND MENTAL
FITNESS FOR DRIVING A POWER-DRIVEN VEHICLE[^{F1}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

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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 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.]