

# Sage Assessment Application Form

## Boston Driving School



Please print & complete this application form, and arrange for your GP or representative at the practise to sign to confirm your medical fitness to drive. Then return the signed form to me with your cheque to

Boston Driving School  
50 Jubilee Avenue  
Boston  
PE21 9LE

Tel 07971324173

Email  
[bostondrivingschool@googlemail.com](mailto:bostondrivingschool@googlemail.com)

### APPLICATION FORM

|   |  |
|---|--|
| Full Name   |  |
| Address   |  |
| Postcode  |  |
| Telephone no  |  |
| Mobile No   |  |
| Date of Birth   |  |
| GP's Name   |  |
| Practice Address  |  |
| Postcode  |  |
| I authorise you to ask my doctor for information about my health that may directly affect my ability to drive safely                        |  |
| Signed  |  |
| Name of person recommending SAGE Assessment : Self GP Other   |  |
| Please State  |  |
| Please print this application form and enclose both the completed form along with your cheque for £20 made payable to Boston Driving School |  |

### For Completion by Referring Doctor

I confirm that I have checked the medication and health record of this patient and I am not aware of any medical reason why they should not **legally** hold a Driving License at the present time

Signed

Print Name and Surgery Address

Date

Please provide me with any comments you feel would be appropriate to help me assess patient

DVLA website address  
<http://www.dft.gov.uk/dvla/medical/ataglance.aspx>

Please be sure that you have checked your eyesight with your optician within the last 12 months even if you wear glasses you need to check with your optician that your prescription is up to date.