Introduction

A meeting of the Consultant Group on Medical Requirements for the Licensing of Motor Vehicle Drivers was convened by the Director-General of WHO on 29 August - 2 September 1955 at the Palais des Nations, Geneva. Dr Sutter, Assistant Director-General, Advisory Services, welcomed on behalf of the Director-General, members of the Group and representatives of the United Nations Secretariat, the International Labour Office and the International Federation of Ophthalmological Societies. In his introductory remarks Dr Sutter drew the attention of the Group to the recommendations of the Committee of Experts on Licensing of Motor Vehicle Drivers convened by the United Nations in 1952 (document E/CN.2/133) and the resolutions of the Economic and Social Council (478 E (XV)) requesting WHO to give assistance concerning medical requirements for the licensing of motor vehicle drivers. He further stated that the Consultant Group was convened (1) to finalize the text of the Draft Handbook for the Guidance of Medical Practitioners in examining Applicants for Motor Driving Licences, already prepared by Dr L. G. Norman at the request of WHO (document WHO/Accid.Prev./1); and (2) to consider and recommend requirements and methods of determining medical fitness of applicants for motor vehicle driving permits for the guidance of Licensing authorities.

The Group elected Dr S. E. Miller chairman and Dr L. G. Norman rapporteur.

The Group adopted the provisional agenda prepared by the WHO Secretariat.

Agenda item 1 - Comments and amendments to the text of the "Draft Handbook for the Guidance of Medical Practitioners in examining Applicants for Motor Driving Permits" (WHO/Accid.Prev./1)

The Group noted that the Draft Handbook prepared by Dr Norman had been previously commented upon by the ILO and that most of the amendments had already been incorporated into the document WHO/Accid.Prev./1 now being considered.
The Group agreed to examine this document paragraph by paragraph and make comments and amendments accordingly.

The amendments made and agreed upon in this document (WHO/Accid.Prev./1) have been distributed to the members and the Secretariat will prepare a new text in accordance with those amendments.

Agenda item 2 - Requirements and methods of determining mental and physical fitness of applicants for driving permits for the guidance of licensing authorities

The Group felt that in considering the medical requirements for the licensing of motor vehicle drivers, the following points should be borne in mind:

(1) A distinction should be made between those who apply for permits to drive heavy motor vehicles and those who will drive only light motor vehicles.

(2) In general, the medical requirements for those applying for permits for driving heavy motor vehicles should be more stringent than for those who will drive light motor vehicles, for reasons of public safety.

(3) Those applying for permits for the first time should be subjected to more stringent medical requirements than for those who have had experience in driving before.

(4) A complete medical examination by qualified medical practitioners should be required of all those applying for heavy motor vehicle driving permits.

The Group then considered the types of motor vehicles in relation to medical requirements for those applying for driving permits. The Group recommended that drivers of motor vehicles should be divided into two categories as follows:

(a) drivers of light motor vehicles;

(b) drivers of heavy motor vehicles.

Light motor vehicles consist of the motor vehicles mentioned in the categories A and B given in Annex 9 of the Convention on Road Traffic which are as follows:
A. Motor-cycles with or without a side-car, invalid carriages and three-wheeled motor vehicles with an unladen weight not exceeding 400 kg (900 lb).  

B. Motor vehicles used for the transport of passengers and comprising, in addition to the driver's seat, at most eight seats, or those used for the transport of goods and having a permissible maximum weight not exceeding 3500 kg (7700 lb). Vehicles in this category may be coupled with a light trailer.

Heavy motor vehicles consist of those motor vehicles indicated in the categories C, D and E in Annex 9 of the Convention on Road Traffic which are as follows:

C. Motor vehicles used for the transport of goods and of which the permissible maximum weight exceeds 3500 kg (7700 lb). Vehicles in this category may be coupled with a light trailer.

D. Motor vehicles used for the transport of passengers and comprising, in addition to the driver's seat, more than eight seats. Vehicles in this category may be coupled with a light trailer.

E. Motor vehicles of categories B, C and D, for which the driver is licensed, with other than a light trailer.

The Group next considered the extent to which medical examination or practical test or declaration of health is required in relation to driving different types of motor vehicle, and recommended as follows:

(1) Drivers of heavy motor vehicles should be medically examined before a licence is issued; re-examination to take place every three years after the age of 40 and annually after 60 and after important illnesses or serious accidents.

(2) Drivers of light motor vehicles should be required to make a declaration of physical and mental health, including good eyesight and hearing, before a licence is issued or renewed. In countries which have driving examiners

1 Motor scooter drivers should be licensed as drivers of light motor vehicles.
the Group's Suggestions concerning Practical Tests to be carried out by Driving Examiners should be applied.\(^1\) When the applicant has any physical, mental, visual or auditory disability, he should be medically examined and certified fit to drive by a physician before a licence is issued.

The Group finally considered the medical conditions which should constitute a barrier to the issue of a licence to drive any motor vehicle. There are a vast number of physical and mental conditions that sufficiently incapacitate individuals as to render them incapable of safely driving a motor vehicle. An enumeration of the most important conditions which, until sufficiently recovered, are incompatible with driving a motor vehicle may be useful in the guidance of licensing authorities in issuing driving permits in the first instance. Such conditions are as follows:

1. A total visual acuity of less than 0.8 for both eyes together using glasses if necessary
2. Significant reduction or anomaly of visual field
3. Diplopia
4. Marked reduction of hearing
5. Vertigo of any form
6. Bradycardia below 40 per minute and any cardiac condition which causes sudden loss of consciousness
7. Malignant hypertension
8. Severe myxoedema
9. Addison's disease
10. Diabetes insipidus
11. Epilepsy of any form
12. Senile dementia
13. Severe encephalitis
14. Established psychosis and low-grade mental defectiveness
15. Loss of muscular co-ordination due to brain or spinal cord diseases
16. Severe anaemia and blood diseases which cause sudden loss of consciousness
17. Febrile stage of infectious diseases
18. Chronic alcoholism

\(^1\) See Appendix 1 (attached).
19. Drug addiction (narcotics, barbiturates)

20. Habitual use of drugs of certain types, such as antihistamines, stimulants for prevention of sleep, hypotensives

21. Deformities and disabilities of limbs: Applicants for driving permits who have deformities and disabilities including partial loss or amputation of one or more limbs, constitute a special problem. Many can safely drive although some will require special equipment of the vehicle. Each case should be medically evaluated by a physician and be certified as fit to drive a motor vehicle before a licence is issued.

In addition, the following are the most important conditions which, until sufficiently recovered, constitute a barrier to the issuance of a licence to drive a heavy motor vehicle in the first instance:

1. Visual acuity of less than 16-17/10, both eyes together with glasses
2. Cardiac failure
3. Significant cardiac enlargement
4. Significant valvular heart disease
5. Auricular fibrillation, or flutter
6. Systolic blood pressure over 200 mm and/or diastolic over 100 mm mercury persistently
7. Coronary artery disease or angina pectoris
8. Thyrotoxicosis
9. Diabetes
10. Tabes dorsalis
11. Dementia paralytica
12. Leucotomy (or lobotomy)
13. Myasthenia gravis
14. Hemiplegia and other significant paralysis
15. Definite psychosis, past or present
16. Mental defectiveness
17. Established psychoneurosis or neurosis
18. Leukaemia or significant blood dyscrasias
19. Recent or active pulmonary tuberculosis
20. Severe chronic bronchitis
21. Bronchiectasis
22. Active peptic ulcer
23. Hernia, large or irreducible

Note:
The "Handbook for the Guidance of Medical Practitioners in Examining Applicants for Motor Driving Permits" contains more detailed discussion on all the conditions referred to above.
SUGGESTIONS CONCERNING PRACTICAL TESTS TO BE CARRIED OUT BY DRIVING EXAMINERS

1. In some countries, applicants for driving licences are required to undergo a practical test of their driving ability before they are issued with a licence. The individual who is responsible for conducting this practical test, the driving examiner, is therefore in a position to carry out a simple practical test of the applicant's eyesight. He is also able to observe whether the applicant's limbs appear to function adequately for the control of the vehicle.

2. The driving examiner, who is not medically qualified, is not able to carry out a medical examination or give a medical opinion on the applicant's suitability for driving.

3. Where large numbers of licences are issued annually or for other reasons, it may be impracticable for applicants to be medically examined, and certain simple tests may therefore be undertaken by driving examiners. These will not be necessary in cases where the applicant has already been medically examined, for example, in connexion with his obtaining a licence to drive a heavy vehicle. The value of a full medical examination in such cases is undoubted, and it cannot be delegated to the driving examiner.

4. If the applicant does not appear to be in good health, or if the driving examiner notices any physical, mental, visual, or auditory disability, a medical examination should be required.

5. The driving examiner should observe any obvious limp in walking and deformity of the hands or amputation of fingers, and may notice apparent stiffness of one or more joints during the course of a driving test. Any such defects should be recorded in the report which the driving examiner makes to the licensing authority. It is not, however, suggested that any actual examination of the applicant should be undertaken by driving examiners for the purpose of detecting physical deformities or defects.
6. It is, however, possible for driving examiners to carry out a simple practical eyesight test, and it is advisable that such tests should be undertaken when applicants have not been medically examined. The usual test of visual acuity consists of reading, in good daylight and with glasses if necessary, a series of letters or signs of decreasing size at a distance varying according to the test.

All applicants should have their visual acuity tested by the non medical examiner using the Snellen or similar chart method. A total visual acuity of at least 0.6 for both eyes together should be required and with glasses if necessary. Those who fail the test should be referred to an ophthalmologist for examination. All one-eyed applicants and those in whom the vision in one eye is less than 0.1 with glasses should be referred to an ophthalmologist for examination and a vision of 0.8 required in the good eye.

7. The driving examiner should be watchful for unusual abnormalities, and if the applicant appears to have any restriction of the lateral view (visual fields) or other eyesight defect, he should be examined by an ophthalmologist.

8. It is not necessary to carry out a test for colour vision.

9. Finally, it should again be stated that the practical tests which are carried out by driving examiners are not a substitute for medical examinations.
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