

MEDICAL CERTIFICATE OF EXEMPTION FROM COMPULSORY SAFETY BELT/CHILD

RESTRAINT SYSTEM WEARING



I, the undersigned, being a Medical Practitioner registered to practice medicine in a Member State of the European Union, hereby certify that it is inadvisable on medical grounds for the following named person to wear a safety belt or child restraint system:

PERSON'S NAME:

PERSON'S DATE OF BIRTH:

PERSON'S ADDRESS:

.....

.....

....., Ireland.

SIGNATURE: (MEDICAL PRACTITIONER)

NAME (IN BLOCK CAPITALS): (MEDICAL PRACTITIONER)

DATE:

PERIOD OF VALIDITY *:

* Insert either (a) Date of Expiry (in the case of a temporary medical certificate) **or** (b) "Indefinite" (in the case of a permanent medical certificate)

GIVEN under my Official Seal,

5 May 2006.

Martin Cullen

Minister for Transport.