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Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
E10–E14 Diabetes mellitus		● ≥ 2 severe hypoglycaemic events in the last 12 months -> driving ban for 3 months after the most recent episode ■ - regular check-ups / assessments of fitness to drive every 1 to 5 years - no severe hypoglycaemic events ≥ 2 times in the last 12 months - the cause of an isolated hypoglycaemic event has been investigated - the driver recognises the symptoms of a low blood sugar level - the driver demonstrates an understanding of the risk caused by hypoglycaemia in traffic - the driver monitors his/her blood sugar level following the treatment plan - the risks caused by hyperglycaemia have been addressed - no co-morbidities that impair fitness to drive	● Even a single episode of severe hypoglycaemia -> driving ban and notification to the police The driving ban may be lifted if, with adjusted treatment, there is no recurrence of hypoglycaemia during a monitoring period of 12 months. ■ - regular check-ups / assessments of fitness to drive every 1 to 3 years - no severe episodes in the last 12 months - the driver fully recognises the symptoms of a low blood sugar level - the driver monitors his/her blood sugar levels when driving - the driver demonstrates an understanding of the risk caused by hypoglycaemia in traffic - the risks caused by hyperglycaemia have been addressed - no co-morbidities that impair fitness to drive	Driving ban for 6 months or longer	**NB!** Especially in case of professional drivers (G2), attention should also be paid to the traffic safety risk caused by potential hyperglycaemia.
F10 Harmful alcohol use and alcohol dependence	F10.1	● - Even a single verified alcohol-related seizure -> a 3-month driving ban - Alcohol dependence, or cannot refrain from drinking and driving - Alcohol use has caused health changes that impair fitness to drive ▲ Right to drive conditional on using an alcohol interlock device (see the main document) ■ - No further seizures for 3 months - Verified abstinence	● - Even a single verified alcohol-related seizure -> a 5-year driving ban - Alcohol dependence, or cannot refrain from drinking and driving - Alcohol use has caused health changes that impair fitness to drive ▲ Right to drive conditional on using an alcohol interlock device (see the main document) ■ - No further seizures for 5 years - Verified abstinence	Driving ban for 6 months or longer G2: alcohol-related seizure	If necessary, a report from a physician with special expertise in addiction medicine or in assessing intoxicant use, and regular follow-up. The driver may meet the medical standards of fitness to drive once again if their alcohol use no longer compromises traffic safety. For details, see the main document.
	F10.2	▲ When alcohol dependence is diagnosed: a driving ban for at least one month, and treatment and monitoring procedures for treating the dependence should be initiated. If reponse to treatment is adequate, reinstating the right to drive may be considered.	▲ When alcohol dependence is diagnosed: a driving ban for at least one month, and treatment and monitoring procedures for treating the dependence should be initiated. If response to treatment is adequate, reinstating the right to drive may be considered.	Driving ban for 6 months or longer G2: alcohol-related seizure	If necessary, a report from a physician with expertise in assessing intoxicant use and monitoring. The medical standards of fitness to drive can be considered met if the driver's alcohol use no longer compromises traffic safety. Proving a persistent intoxicant-related disorder: see the main document.
	F10.5–F10.7	● Chronic health changes impairing fitness to drive, which affect the person's general functional ability, perception, judgement, reactions or behaviour (e.g. central nervous system, balance, cognitive functions, personality).	● Chronic health changes impairing fitness to drive, which affect the person's general functional ability, perception, judgement, reactions or behaviour (e.g. central nervous system, balance, cognitive functions, personality).	In practice always	**NB!** The right to drive cannot be reinstated even if the person uses an alcohol interlock device.
F11–F19 Harmful use of and dependence on drugs and psychotropic substances	F12 Cannabis	● The driver cannot refrain from driving while intoxicated or the dependence is otherwise obvious. Regular and frequent use. ▲ The significance of cannabis use should be assessed individually, taking into account such factors as the frequency of use and the driver's health in other respects. See the main document.	● The driver cannot refrain from driving while intoxicated or the dependence is otherwise obvious. Regular and frequent use. ▲ The significance of cannabis use should be assessed individually, taking into account such factors as the frequency of use and the person's state of health in other respects. See the main document.	Driving bans for 6 months or longer on the grounds of dependence or other reasons	Medicinal cannabis: As a rule, regular use of medicinal cannabis is an obstacle to driving. If the driver has used cannabis even once, he or she should refrain from driving for 24 hours.
	F11.1; F13.1–F19.1 Harmful use	● - Even a single seizure associated with use or withdrawal -> driving ban for at least 3 months - Dependence on or regular abuse of drugs or prescription CNS medicines - Abuse of drugs or medicines has resulted in permanent changes impairing fitness to drive (see the main document) ▲ If seizures do not recur during the monitoring period and there are no signs of dependence, the driving ban can be lifted	● - Even a single seizure associated with use or withdrawal -> driving ban for at least 5 years - Dependence on or regular abuse of drugs or prescription CNS medicines - Abuse of drugs or medicines has resulted in permanent changes impairing fitness to drive (see the main document) ▲ If seizures do not recur during the monitoring period and there are no signs of dependence, lifting the driving ban may be considered	In principle, all Group 1 and 2 drivers who are dependent on or abuse CNS medicines. NB! Nurses' and public health nurses' notification right.	**NB!** Use of CNS medicines in compliance with instructions: The effects of the medication on fitness to drive must be assessed, taking into account the driving licence category. Medication may cause tiredness and reduced alertness especially at the beginning of treatment.
	F11.2–19.2 Dependence	● - Dependence on or regular abuse of drugs or prescription CNS medicines - Abuse of drugs or medicines has resulted in permanent changes that impair fitness to drive or compromise safe driving and affect the driver's general functional ability, perception, judgement, reactions or behaviour	● - Dependence on or regular abuse of drugs or prescription CNS medicines - Abuse of drugs or medicines has resulted in permanent changes that impair fitness to drive or compromise safe driving and affect the driver's general functional ability, perception, judgement, reactions or behaviour	In principle, all Group 1 and 2 drivers who are dependent on or abuse CNS medicines. NB! Nurses' and public health nurses' notification right.	**NB!** All drug abuse indicates an increased risk, also to traffic safety; unlike alcohol consumption, drug abuse is always illegal. Assessment of fitness to drive preferably at a unit with sufficient experience (intoxicant abuse/psychiatric clinics, A clinics etc.). Opioid replacement therapy: see the main document.

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Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
	F11.5–F19.5 ... F11.7–F19.7	● Abuse of drugs or medicines has resulted in permanent changes that impair fitness to drive or compromise safe driving and affect the driver's general functional ability, perception, judgement, reactions or behaviour.	● Abuse of drugs or medicines has resulted in permanent changes that impair fitness to drive or compromise safe driving and affect the driver's general functional ability, perception, judgement, reactions or behaviour.	In practice always	
F20–F25, F29, F39 Schizophrenia, schizophrenic disorders, paranoia, other psychotic disorders		● - Significant impairment in sense of reality, judgement, concentration or general functional ability - Severe impairment of cognitive control and alertness, strong sensation-seeking and aggression, no response to treatment **Temporary driving ban:** - At minimum for the duration of the acute and active phase of the illness - Significant and immediate suicide risk, suicide attempt - Sedative medication ■ The driving permit may be reinstated if there is an essential improvement and the patient no longer has suicidal thoughts	● - Significant impairment in sense of reality, judgement, concentration or general functional ability - Severe impairment of cognitive control and alertness, strong sensation-seeking and aggression, no response to treatment **Temporary driving ban:** - At minimum for the duration of the acute and active phase of the illness - Significant and immediate suicide risk, suicide attempt - Sedative medication ▲ The driving permit may be reinstated if there is an essential improvement and the patient no longer has suicidal thoughts	- There has been a persistent impairment in the driver's sense of reality, judgement or general functional ability to the extent that, regardless of treatment, he or she no longer meets the conditions for the right to drive (both G1 and G2) - The driver is impulsive to a significant degree (e.g. repeated hazardous traffic incidents), and there is no response to treatment of impulsive behaviour (both G1 and G2) - All others driving ban for 6 months or longer	**NB!** If the person has planned or attempted to commit suicide using a vehicle in traffic -> driving ban for 6 to 12 months. The driving permit may only be reinstated once the illness has essentially improved and the patient no longer has suicidal thoughts.
F30–F31 Mania and bipolar affective disorder		● - Mania or severe depression; driving ban at least for the duration of the acute phase - Significant and immediate suicide risk, suicide attempt - Strongly sedative medication ■ The driving permit may be reinstated if the illness has essentially improved and the patient no longer has suicidal thoughts	● - Mania or severe depression; driving ban at minimum for the duration of the acute and active phase - Significant and immediate suicide risk, suicide attempt - Sedative medication ▲ The driving permit may be reinstated if there is an essential improvement and the patient no longer has suicidal thoughts	- There has been a persistent impairment in the driver's sense of reality, judgement or general functional ability and, regardless of treatment, he or she no longer meets the conditions for the right to drive - Significant impulsiveness, repeated traffic incidents causing a hazard and no response to treatment - All others driving ban for 6 months or longer - Suicidal ideation or attempt associated with traffic	**NB!** If the person has planned or attempted to commit suicide using a vehicle in traffic -> driving ban for 6 to 12 months. The driving permit may only be reinstated once the illness has essentially improved and the patient no longer has suicidal thoughts.
F32–F34 Depression and persistent mood disorders		● - Severe depression; a driving ban at least for the duration of the acute phase - Significant and immediate suicide risk - Strongly sedative medication ■ Mild and moderate conditions if normal cognition and no suicidal ideation or medication affecting fitness to drive	● - Severe depression; a driving ban at least for the duration of the acute phase - Significant and immediate suicide risk - Sedative medication ■ At least mild cases if normal cognition and no suicidal ideation or medication affecting fitness to drive	- A persistent impairment in the driver's sense of reality, judgement or general functional ability and, regardless of treatment, he or she no longer meets the conditions for the right to drive - All others driving ban for 6 months or longer - Suicidal ideation or attempt associated with traffic	**NB!** If the person has planned or attempted to commit suicide using a vehicle in traffic -> driving ban for 6 to 12 months. The driving permit may only be reinstated once the illness has essentially improved and the patient no longer has suicidal thoughts.
F41–F43 Anxiety disorders		● - There has been a persistent impairment in the driver's sense of reality, judgement, concentration or general functional ability regardless of treatment - Repeated hazardous traffic incidents, or the occurrence of such incidents is likely - Severe impairment of cognitive control and alertness with no response to treatment ■ Mild and moderate disorders if normal cognition and no medication affecting fitness to drive	● - There has been a persistent impairment in the driver's sense of reality, judgement, concentration or general functional ability regardless of treatment - Repeated hazardous traffic incidents, or the occurrence of such incidents is likely - Severe impairment of cognitive control and alertness with no response to treatment ■ At least mild cases if normal cognition and no medication affecting fitness to drive	As indicated by the duration of symptoms	
F51 Nonorganic sleep disorders		● If the degree of tiredness during waking hours is significant or associated with a tendency to fall asleep. ▲ Any insomnia drugs should also be taken into account. A temporary driving ban if necessary. ■ Mild cases, if no tendency to fall asleep or harmful or drug-induced tiredness	● If the degree of tiredness during waking hours is significant or associated with a tendency to fall asleep. ▲ Any insomnia drugs should also be taken into account. A temporary driving ban if necessary, in chronic situations a permanent driving ban should be considered. ■ Mild cases, if no tendency to fall asleep or harmful or drug-induced tiredness	Chronic conditions, especially G2.	**NB!** Degree of tiredness during waking hours is of significance. Objective measurements of alertness and a voluntary test of fitness to drive can be used for support. Any medication should also be taken into account. If necessary, consultation with a physician with expertise in sleep and alertness disorders. For details, see the main document.
F60–63 Personality disorders		● - Evidence of repeated hazardous incidents, or the occurrence of such incidents is likely - An antisocial personality and significant impulsiveness, e.g. recurring traffic incidents causing a hazard, no response to treatment - Severe impairment of cognitive control and alertness, strong sensation-seeking and aggression, no response to treatment ▲ Symptoms and risks can be reduced by means of adequate treatment. The potential effect of medication on fitness to drive should be taken into account.	● - Evidence of repeated hazardous incidents, or the occurrence of such incidents is likely - An antisocial personality and significant impulsiveness, e.g. recurring traffic incidents causing a hazard, no response to treatment - Severe impairment of cognitive control and alertness, strong sensation-seeking and aggression, no response to treatment ▲ Symptoms and risks can be reduced by means of adequate treatment. The potential effect of medication on fitness to drive should be taken into account.	All chronic conditions and those lasting 6 months or longer	

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Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
F70–79 Mental retardation		● Persons with moderate and severe mental retardation can never be issued a driving permit ▲ The medical standards of fitness to drive may be fulfilled: - if the mental retardation or learning difficulty is mild, and - the mental retardation is not associated with co-morbidities or behavioural disorders affecting fitness to drive. See the main text for details.	● A person diagnosed with mental retardation can never be issued with a Group 2 driving permit, regardless of the degree of severity.	All	A favourable or unfavourable medical opinion (mild mental retardation, G1) may be issued by a general practitioner who is well familiar with the applicant and his/her living conditions as well as the grounds for the diagnosis. NB! An applicant may also fail to meet the medical standards of fitness to drive because of a co-morbidity associated with mental retardation (e.g. visual impairment or epilepsy).
F90–F91 Hyperkinetic and other conduct disorders		● - Repeated risk behaviour or hazardous incidents, or the occurrence of such incidents is likely - The disorder is associated with severe impairment of alertness, strong sensation-seeking and/or impulsiveness ■ Mild cases or cases appropriately controlled by treatment	● - Repeated risk behaviour or hazardous incidents, or the occurrence of such incidents is likely - The disorder is associated with severe impairment of alertness, strong sensation-seeking and/or impulsiveness ▲ Mild cases or cases appropriately controlled by treatment, no impulsiveness or hazardous incidents. Careful discretion.	All cases in which the medical standards of fitness to drive are not met	NB. Impulsiveness and aggression are particularly significant risk factors in traffic. Appropriate medication usually improves fitness to drive.
G20 Parkinson's disease and other parkinsonisms		● Temporary driving ban: - significantly slow movements and variable motor function Permanent driving ban and notification to the police: - significantly reduced reaction speed - obvious disorder of cognitive functions, including even mild dementia and perceptual difficulties ▲ If the symptoms are ameliorated by treatment, a favourable medical opinion on issuing a fixed-term right to drive may be given	● Temporary driving ban: - slow movements and variable motor function Permanent driving ban and notification to the police: - reduced reaction speed - disorder of cognitive functions, including even mild dementia and perceptual difficulties ▲ If the symptoms are ameliorated by treatment, a favourable opinion on issuing a fixed-term right to drive may be given	All permanent states and those lasting for 6 months or longer if optimal treatment has not succeeded in essentially reducing the symptoms.	If optimal treatment significantly improves the patient's motor function, a favourable medical opinion may be issued for a fixed term in both groups if also permitted by his/her cognition.
G30–32 Alzheimer's disease and other memory disorders		● At least a moderate (CDR ≥ 2) memory disorder affecting cognitive function ▲ In mild cases (CDR 0.5-1), fitness to drive is usually retained, but this is a progressive illness that requires frequent monitoring	● Diagnosed memory disorder	G1: Moderate memory disorder G2: Following a confirmed diagnosis of dementia regardless of the degree of severity	Fitness to drive is monitored and assessed by a neurologist, geriatrician or general practitioner. A driving test if necessary to assess fitness to drive. **NB!** Usually a progressive illness, which should be taken into account when monitoring fitness to drive.
G35 MS disease		▲ Suspected disease: A temporary driving ban may be necessary, at least while tests are carried out, treatment is initiated and the situation stabilises. ● Diagnosed disease: A temporary or permanent driving ban if the symptoms, treatments or impaired functional ability would be likely to compromise traffic safety.	● Suspected disease: A temporary driving ban, at least while tests are carried out and treatment is initiated. Diagnosed disease: In principle, a favourable medical opinion on issuing a new right to drive should not be given. A neurologist's report is required for a long-term assessment.	All permanent conditions and those lasting for 6 months or	Assessment of fitness to drive as indicated by functional ability (muscular strength, coordination, balance, regulation of alertness). A neurologist's opinion is required to assess fitness to drive over the long term. **NB!** A progressive disease, which should be taken into account when assessing fitness to drive -> regular monitoring.
G40 Epilepsy		● - An isolated seizure: driving ban for 3 months - Susceptibility to recurring epileptic seizures or an abnormal EEG: driving ban for 12 months after the most recent seizure - Recurring seizures: < 3 years from the last seizure -> driving ban for 12 months; > 3 years from the last seizure -> driving ban for 6 months - Seizure after stopping or reducing the dose of epilepsy medication -> driving ban for 3 months ■ The requirements are met once more after these monitoring periods if there are no further seizures	● - An isolated epileptic seizure: driving ban for 5 years - Two or more seizures or an underlying illness causing susceptibility to epilepsy: driving ban for 10 years - First driving licence: A favourable medical opinion on issuing a G2 right to drive cannot be given ▲ The requirements are only met once more if the patient is asymptomatic without medication after these monitoring periods	G1: All permanent conditions and those lasting for 6 months or longer G2: All	**NB!** The instructions apply to all epileptic seizures (also those during sleep and caused by intoxicant use, lack of sleep etc.) regardless of their nature or time of occurrence. As a factor shortening the driving ban, a one-off seizure provoked by an external factor can be taken into account, see the main document.
G45 TIA		● An isolated TIA attack: driving ban for at least 1 month High risk of recurrence: driving ban for at least 3 months ■ If no new symptoms and risk of recurrence is under control	● An isolated TIA attack: driving ban for at least 6 months A new TIA attack or high risk of recurrence: longer or permanent driving ban and notification to the police ▲ If no new attacks and risk of recurrence is low, lifting the driving ban may be considered	G1: driving ban for 6 months or longer G2: All	The risk of recurrence should always be evaluated. A high risk of recurrence may necessitate a longer driving ban. See the main document for details.

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Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
G47 Organic sleep disorders	G47.3 Sleep apnoea	● If a severe tendency to fall asleep caused by sleep apnoea -> temporary driving ban until treatment response has been established. ▲ The effectiveness of CPAP or other treatment and compliance with treatment should be monitored regularly at least every 3 years.	● Even a milder alertness disorder caused by sleep apnoea + has already been involved in a traffic accident or a near miss or ESS=15 -> a temporary driving ban. If no adequate response to treatment in 6 months -> permanent or long-term driving ban. ▲ The driver may only continue driving if, objectively assessed, the treatment is successful and there is no reduction in the level of alertness. The effectiveness of CPAP or other treatment and compliance with treatment should be monitored regularly at least once a year.	All chronic conditions and those lasting 6 months or longer	**NB!** The referring physician should already impose a verbal driving ban if the patient has already been involved in a traffic accident or a near miss or ESS=15, or if the physician has other grounds to consider that the standards of fitness to drive are not met -> potential more detailed examination of alertness or test of fitness to drive on health grounds. The situation should always be considered as a whole and on its individual merits, and if necessary, a physician with expertise in disorders of sleep and alertness should be consulted. For details, see the main document.
	G47.4 Narcolepsy	● A temporary driving ban during investigations and tests If severe tendency to fall asleep in waking hours -> permanent driving ban.	● A Group 2 driving licence can never be issued to a person with narcolepsy.	All driving bans, excluding temporary ones during tests	The situation should always be considered individually, and a neurologist specialising in sleep and alertness disorders should be consulted.
H49–H53 Disorders of the eye	H49-H51 Eye movement disorders and diplopia	● Diplopia that appeared recently: At least a temporary driving ban. The medical standards of fitness to drive are met once more when the diplopia has disappeared. ▲ Diplopia > 6 months: A precondition for meeting the medical standards of fitness to drive is adaptation to the situation (as assessed by a specialist) and passing a driving test.	● A person with diplopia can never be issued with or retain their right to drive.	G1: If no adaptation to diplopia G2: Diplopia always	The cause of diplopia (eye-related/neurological) must always be investigated, and a report must be obtained from a neurologist or ophthalmologist.
	H52 Disorders of refraction	■ Binocular vision at least 0.5, if necessary with corrective lenses If vision in one eye only, visual acuity of at least 0.5 and full adaptation to the situation	▲ If essential visual impairment in one eye or loss of earlier binocular vision -> assessment by an ophthalmologist after 3 months (temporary driving ban) and an approved driving test. ■ One eye at least 0.8, the other at least 0.1 (with corrective lenses of at most +8 dioptres)	Vision poorer than these requirements	No exception can be made from the eyesight requirements in any situation. Examination of eyesight: see the main document. If the eyesight requirements are not met and inadequately corrected disorder of refraction is suspected as the cause, the eyes should be checked by an optician or an ophthalmologist, after which the fitness to drive can assessed.
	H53.4 Visual field defects	▲ The cause of a visual field defect must always be investigated. If the cause is eye-related, an ophthalmologist's report is required; if neurological, also a neurologist's report (and neuropsychologist's if necessary) on fitness to drive and usually a driving test. ■ - Binocular horizontal visual field at least 120 degrees - Extension of visual field at least 50 degrees left and right and 20 degrees up and down - No absolute defects within a radius of the central 20 degrees.	▲ The cause of a visual field defect must always be investigated. If the cause is eye-related, an ophthalmologist's report is required; if neurological, a neurologist's report (and neuropsychologist's if necessary) on fitness to drive and usually a driving test. ■ - Binocular horizontal visual field at least 160 degrees - Extension of visual field at least 70 degrees left and right and 30 degrees up and down - No absolute defects within a radius of the central 30 degrees.	G1: Permanent visual field defect G2: All visual field defects	A person who is presumed to be healthy can be examined by means of carefully performed finger perimetry and/or computer-based tests. If on this basis a suspicion of a visual field defect is raised or the patient has an illness that affects visual fields -> examination by an ophthalmologist.
	Disorders of contrast vision	▲ Rarely an obstacle to issuing a driving permit on its own. Must be taken into account in connection with other disorders of the eye.	▲ May be a reason to refuse driving permit if contrast sensitivity is significantly reduced.	G2: If contrast sensitivity is significantly reduced.	Usually a rough estimate based on visual acuity. A closer examination is needed if there is reason to suspect a problem with contrast vision. Other illnesses of the eye must be taken into account. An ophthalmologist's assessment with a low threshold.
Other illnesses of the eye	Cataracts, glaucoma, vitreous floaters, retinal diseases and macular degeneration	▲ Usually assessed based on visual acuity and visual fields. Assessment by an ophthalmologist is usually needed.	▲ Usually assessed based on visual acuity and visual fields. Assessment by an ophthalmologist is needed.	See Disorders of refraction and visual field defects	
H60–H95 Diseases of the ear	Hearing loss	■ No hearing-related requirements	■ Medical standards are met if the hearing is sufficient for communication and observing the environment, can also be achieved with a hearing aid or a cochlear implant.	G2: Permanent severe hearing loss in both ears	More specific hearing requirements may be placed on professional drivers by their work, however, which should be noted when choosing the field and assessing work ability.
I10 Hypertensive disease		● RR systolic ≥ 180 mmHg or diastolic ≥ 110 mmHg and impending or progressive organ damage ■ The condition has been effectively treated and is assessed regularly	● RR systolic ≥ 180 mmHg or diastolic ≥ 110 mmHg ■ The condition has been effectively treated and is assessed regularly	Chronic cases and cases not responding to treatment	

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Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
I20–I25.1 Coronary artery disease	Stable coronary artery disease	● CCS 4, chest pains or shortness of breath when at rest, washing oneself or getting dressed, during some other minor physical activity or when under emotional stress ■ CCS 1–3	● CCS 3–4, chest pains or shortness of breath during light physical activity or when under emotional stress ▲ CCS 2 only based on a specialist's assessment: - no significant reduction in left ventricular ejection fraction - no arrhythmia affecting hemodynamics - no significant ischemia in a stress test with medication **NB!** Driving permit for at most 5 years, if necessary a stress test at the time of renewal ■ CCS 1	G1: CCS 4 G2: CCS 3–4	Usually a temporary driving ban while undergoing tests.
	Unstable coronary artery disease (UAP)	● Driving ban for 1 week May be prolonged due to left ventricular performance, residual ischemia and arrhythmias ▲ Regular assessment in primary health care	● Driving ban for at least 1 week May be prolonged due to left ventricular performance, residual ischemia and arrhythmias ▲ Regular assessment in primary health care To renew the driving permit, a clinical assessment is required, including a stress test if necessary	Prolonged or permanent driving bans	Usually a temporary driving ban while undergoing tests.
	Myocardial infarction without ST elevation (NSTEMI)	● If no complications, driving ban for 1 week May be prolonged due to left ventricular performance, residual ischemia and arrhythmias ▲ Assessed by a specialist in acute phase	● Driving ban for at least 6 weeks Ban may be prolonged or driving permit may be denied due to left ventricular performance, residual ischemia and arrhythmias ▲ Clinical assessment by a specialist, including a stress test if necessary	Driving bans for six months or longer	Usually a temporary driving ban while undergoing tests.
	ST elevation myocardial infarction (STEMI)	● If no complications, driving ban for 1 week May be prolonged due to left ventricular performance, residual ischemia and arrhythmias ▲ Assessed by a specialist in acute phase	● Driving ban for at least 6 weeks Ban may be prolonged or driving permit may be denied due to left ventricular performance, residual ischemia and arrhythmias ▲ Clinical assessment by a specialist, including a stress test if necessary	Driving bans for six months or longer	Usually a temporary driving ban while undergoing tests.
I34–39 Heart valve disorders		● NYHA IV ■ NYHA I–III with no collapses	● NYHA II–IV, a specialist assessment required ■ NYHA I	G1: NYHA IV G2: With symptoms when treated	
I42 Cardiomyopathy	Hypertrophic cardiomyopathy	● At least a temporary driving ban if syncope. ▲ The driving permit is reinstated if/when the condition resulting in syncope has been treated.	● At least a temporary driving ban if syncope. No driving permit if two of the following findings: - Left ventricular myocardium thickness > 3 cm - Non-sustained ventricular tachycardia - Sudden death in a first degree relative - No increase of blood pressure in stress test ▲ ICD -> Specialist assessment	G1: If recurring syncope, or while undergoing tests if necessary. G2: If recurring syncope, or while undergoing tests if necessary. Others depending on symptoms and findings. ICD.	
	Other cardiomyopathies	See under Heart failure and ICD	See under Heart failure and ICD. Specialist assessment.	See under Heart failure and ICD	
I47–I49 Cardiac arrhythmias	SVT caused by atrioventricular nodal reentrant tachycardia (AVNRT) or atrioventricular reentrant tachycardia (AVRT, WPW)	● If syncope symptoms -> at least a temporary driving ban. ▲ The driving permit can be reinstated if the condition leading to syncope improves	● If syncope or pre-syncope symptoms -> at least a temporary driving ban. The driving permit can be reinstated if the condition improves or the risk of recurrence is low ▲ In WPW, specialist assessment.	Continuous or recurring arrhythmias which affect functional ability or level of consciousness regardless of treatment.	The arrhythmia may not have a significant effect on functional ability or level of consciousness.
	Uniform ventricular extrasystoles and non-sustained ventricular tachycardia in a structurally healthy heart	■ If no serious symptoms	■ If symptoms are mild or there are no symptoms ▲ In ventricular tachycardia, specialist assessment	Continuous or recurring arrhythmias which affect functional ability or level of consciousness regardless of treatment.	The arrhythmia may not have a significant effect on functional ability or level of consciousness.
	Sustained uniform ventricular tachycardia in a structurally healthy heart	● Conditions causing symptoms until examined and treated. ▲ Potential driving permit only based on a specialist's assessment.	● Conditions causing symptoms until examined and treated. ▲ Potential driving permit only based on a specialist assessment.	Continuous or recurring arrhythmias which affect functional ability or level of consciousness regardless of treatment.	The arrhythmia may not have a significant effect on functional ability or level of consciousness.

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Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
	Ventricular extrasystoles and non-sustained ventricular tachycardia occurring in connection with a structural heart disease	● - NYHA IV hearth failure - CCS 4 ischemia symptom - Syncope ▲ Specialist assessment required	● NYHA III–IV, with symptoms ▲ Driving permit only possible if: - no symptoms - NYHA I–II performance and EF > 35% Specialist assessment required	G1: NYHA IV and heart failure, CCS 4, syncope symptom G2: NYHA III–IV, with symptoms Also other continuous or recurrent conditions that affect functional ability or level of consciousness despite treatment.	The arrhythmia may not have a significant effect on functional ability or level of consciousness.
	Sustained ventricular tachycardia occurring in connection with a structural heart disease	● NYHA IV and heart failure, CCS 4, syncope symptom ▲ Driving permit only once the cause has been investigated and treated, and: - NYHA I–III performance - CCS 1–3 ischemia symptoms - No syncope - Restrictions to driving caused by any pacemaker taken into account Specialist assessment required	● NYHA III–IV, with symptoms Pacemaker ▲ Driving permit only once the cause has been investigated and treated, and: - No symptoms for 3 months - NYHA I–II performance/CCS 1–2 ischemia symptoms and - EF > 35% Specialist assessment required	G1: NYHA IV and heart failure, CCS 4, syncope symptom G2: NYHA III–IV, with symptoms Also other continuous or recurrent conditions that affect functional ability or level of consciousness despite treatment.	The arrhythmia may not have a significant effect on functional ability or level of consciousness.
	I48 Atrial fibrillation	● If syncope symptoms -> at least a temporary driving ban. The driving permit can be reinstated if the condition leading to syncope improves. ■ In other cases, driving permit can be issued.	● If syncope symptoms -> at least a temporary driving ban. The driving permit can be reinstated if the condition leading to syncope improves. ▲ - Persistent atrial fibrillation: the condition for being permitted to drive is a heart rate that can be controlled while driving. - In other cases, a driving permit can be issued once anticoagulation treatment in line with care recommendations has been carried out.	Continuous or recurring arrhythmias which affect functional ability or level of consciousness regardless of treatment.	The arrhythmia may not have a significant effect on functional ability or level of consciousness.
	Long QT syndrome (LQTS)	● Symptoms despite medication ■ No symptoms with beta blockers, or an asymptomatic carrier	● Initially with symptoms but asymptomatic with beta blockers; pacemaker for arrhythmia treatment ■ Only if an asymptomatic carrier of mutation with normal QT interval	G1: Symptoms regardless of medication G2: Initially with symptoms but asymptomatic with beta blockers; pacemaker for arrhythmia treatment	
I50 Heart failure		● NYHA IV ■ NYHA I–III with stable symptoms	● NYHA III–IV NYHA I–II, if EF < 35% or significant arrhythmias ■ NYHA I–II, if EF ≥ 35%, no significant arrhythmias, normal or at most slightly impaired performance NB! NYHA II only by specialist assessment	G1: NYHA IV G2: NYHA III–IV, or NYHA I–II and EF < 35% or significant arrhythmias	
I60–I69 Cerebrovascular diseases	I61 Intracerebral haemorrhage, I63 Cerebral infarction	● Usually a driving ban for at least 3 months A high risk of recurrence or symptoms/findings affecting fitness to drive after the acute phase: driving ban for at least 6 months Permanently high risk of recurrence: possibly a permanent driving ban Visual field defect: driving ban (see the main document for details) ▲ If no symptoms, normal status and low risk of recurrence, may be equalled to a TIA attack.	● In principle, a driving ban. Visual field defect: always a driving ban. ▲ May be permitted to drive in exceptional cases if only mild symptoms after the illness, no significant abnormal findings and a low risk of recurrence	G2 in principle, all. Also G1: driving bans for 6 months or longer.	Neuropsychological findings and cognitive disorders, in particular perceptual disorders and problems with cognitive control, slowness of processing and alertness disorders, are in key role when assessing fitness to drive. As a rule, a patient with a neglect symptom cannot be permitted to drive. A driving test may be useful for conducting the assessment. The driving ban can sometimes be lifted at the end of the convalescence period if symptoms or findings affecting fitness to drive no longer exist and the risk of recurrence is considered low.
J00 - J99 Respiratory diseases	J96 Respiratory insufficiency (incl. J44 chronic obstructive pulmonary disease (COPD))	▲ A pulmonary specialist should assess whether the standards of fitness to drive are met if SpO2 < 90% at rest or if FEV1 < 30% of the expected value.	▲ A pulmonary specialist should assess whether the standards of fitness to drive are met if SpO2 < 90% at rest or if FEV1 < 30% of the expected value.		Applies to the following patient groups: severe COPD or otherwise impaired oxygen saturation, a clinical suspicion that muscular strength has weakened, deteriorated performance or weakened cognitive ability.
R55 Collapse (syncope)	Vasovagal collapse	■ One-off: No restrictions ● Recurring within a year: Driving ban for 6 months	■ One-off: No restrictions ● Recurring within a year: Driving ban for 12 months followed by specialist assessment		
	Associated with medical procedures, even if recurring	■ No restrictions	■ No restrictions		
	Associated with bodily functions, even if recurring	■ No restrictions	■ No restrictions		

● = medical standards of fitness to drive not met; ▲ = medical standards of fitness to drive may be met, e.g. conditionally; ■ = medical standards of fitness to drive are met

Diagnosis	Specifier	Group 1	Group 2	Notification duty	NB
	Cause unknown, reflex syncope	● One-off: Temporary driving ban. Can be permitted to drive again after tests if asymptomatic for 3 months. ▲ Recurring: Temporary driving ban. Driving ban can be lifted when asymptomatic for 6 months or with recognisable prodromes.	● One-off: Temporary driving ban. Can be permitted to drive again after tests if asymptomatic for 3 months. ▲ Recurring: Permanent driving ban.		
T90 (+ S06) Brain injuries, sequalae of brain injuries and neurosurgical procedures	S06 Recent brain injury	● Mild brain injuries: Driving ban for 1 month Moderate brain injuries: Driving ban for 3 months Serious brain injuries: driving ban for at least 6 months ▲ Driving permit may be reinstated after these periods if cognition and functional ability are normal.	● Mild brain injuries: Driving ban for 1 month Moderate brain injuries: Driving ban for 3 months Serious brain injuries: driving ban for at least 6 months ▲ Driving ban may be lifted after these periods if cognition and functional ability are normal.	Severe brain injuries and others: driving bans for 6 months or longer	
	T90 Sequelae of brain injuries and neurosurgical procedures	● Stable sequelae: Disability category ≥ 11 -> usually a permanent driving ban and notification duty. ▲ Recent sequelae: as above, as indicated by cognition and functional ability.	● Stable sequelae: Disability category ≥ 6 -> usually a permanent driving ban and notification duty. ▲ Recent sequelae: as above, as indicated by cognition and functional ability.	All long-term and permanent driving bans	NB. The link between the driving permit and disability category is for reference only. Derogations are possible, for example when the disability category is to a major extent caused by a disorder not relevant to fitness to drive. In terms of fitness to drive, cognitive ability and potential personality change following injury (frontal lobe syndrome) are key determining factors.
Z95 Pacemaker		● After implantation, driving ban for 1 week ▲ After this the patient may drive if: - normal pacemaker function - no symptoms of cerebral ischemia. Permission to drive issued by the pacemaker clinic.	● After implantation, driving ban for 1 week ▲ After this the patient may drive if: - normal pacemaker function - no symptoms of cerebral ischemia. Permission to drive issued by the pacemaker clinic.	If necessary, driving bans for 6 months or longer	Fulfilment of medical standards of fitness to drive is assessed by a specialist (usually a cardiologist). The fulfilment of the requirements must be monitored.
	Pacemaker to treat arrhythmias (ICD)	● Secondary prevention: Driving ban for 3 months following the episode that lead to implantation ▲ Primary prevention in a heart disease patient with a risk of arrhythmia: Driving ban for 2 weeks after implantation After treatment carried out by the device, no driving for 3 months	● Secondary prevention: No driving permit Primary prevention: No driving permit	G2: no driving permit and notification to the police	G1: After implantation of a defibrillating pacemaker (AICD), the fulfilment of medical standards of fitness to drive is assessed by the treating cardiologist.