

Your health affects your career choices and obtaining a driving licence. This health examination has assessed some relevant health-related restrictions. You will report any restrictions yourself when applying for vocational education or a driving licence permit. That's why it's important for you to remember them.

Keep this summary safe so that you can refer back to it when needed. Please remember, however, that this report only describes your situation today. Later changes in your state of health may also affect your career choices and driving health.

Name _____

Further studies and career choices

- No health-related restrictions that would affect career choices at the moment.
- Issues that should be noted in further studies and career choices: _____

You should show this summary to your guidance counsellor if the doctor found health issues affecting your career choices and you intend to apply for a place in vocational education and training.

More information: opintopolku.fi/konfo/en/ (Finnish National Agency for Education)
www.ttl.fi/teemat/tyoterveys/toissa-terveena-ammatinvalinta-allergia-ihottuma-ja-astma
(in Finnish) (Finnish Institute of Occupational Health, ttl.fi)

Driving health

Visual acuity (eye sight for long distance) using both eyes is _____ without glasses and _____ with glasses.

- No issues affecting driving health negatively at the moment.
- Issues that affect driving health: _____

If you have no illnesses affecting your driving health, you can fill in a personal declaration on your health when you apply for a driving licence. The visual acuity (eye sight) test may not date back to more than one year, which means that you may need to have the test again before you apply. Your visual acuity (eye sight) can be tested by a school nurse, a doctor or an optician. If you have any illnesses that affect your ability to drive, you will need a medical certificate on your ability to drive.

More information: ajokortti-info.fi/en/ (Traficom)

Other observations on your health

Weight _____ kg Height _____ cm Blood pressure _____ / _____ mmHg

_____ School physician's signature: _____