



Medical Fitness to Drive

We need the following information to enquire into your fitness to hold a driving licence.

Please answer all questions, enter your name, date of birth and Drivers Medical case number **if known** at the bottom of **each** page. Please ensure you sign and date the consent and declaration at the end.

Use black ink only.

<p>1 Your Details:</p> <p>Full Name _____</p> <p>Address _____</p> <p>_____</p> <p>Postcode _____ Daytime or home telephone number (if any) _____</p> <p>Driver number (if known) _____ Date of Birth _____</p>	
<p>2 Your Doctor's Details:</p> <p>Name of family Doctor (or Group Practice) _____</p> <p>Address _____</p> <p>_____</p> <p>Postcode _____ Telephone number (if known) _____</p> <p>Date last seen by GP for this condition _____</p>	
<p>3 Details of your Specialist Clinic(s)</p> <p><i>(NOTE: IF THIS SECTION DOES NOT APPLY TO YOU, GO TO QUESTION 4)</i></p>	
<p>3a NEUROLOGY CLINIC</p> <p>Consultant _____</p> <p>Hospital _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Tel No _____</p> <p>Give dates (approx) of attendance within last 12 months: _____</p> <p>Hospital Record Number _____</p>	<p>3b CARDIAC CLINIC</p> <p>Consultant _____</p> <p>Hospital _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Tel No _____</p> <p>Give dates (approx) of attendance within last 12 months: _____</p> <p>Hospital Record Number _____</p>
<p>4 About Hospital attendance(s) within the past 3 years</p> <p>We need to know only about medical conditions which could affect your fitness to drive.</p> <p>Reason for attendance _____</p> <p>_____</p> <p>Name of Doctor/Consultant _____</p> <p>Hospital Address _____</p> <p>_____</p> <p>Date(s) of attendance (approx) within past 3 years _____</p> <p>Hospital record number (if known) _____</p>	

NAME	DOB	REF. NO.
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1 Have you ever suffered from a:

Fit/convulsion

NO YES

Blackout

NO YES

If YES:

a) please give **date(s)** of any events:

Please enter date of first event

Please enter date of last event

Dates of any other event(s)

AWAKE	ASLEEP

b) and describe the circumstances

2 Are you taking any medication/treatment to control the above episodes?

NO YES

If YES, please give details:

NB: If you have seen a consultant or specialist regarding the above episode(s), please ensure that details are given in section 3 & 4 of the front sheet.

NAME	DOB	REF. NO.
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Consent and Declaration

Please read the following information carefully and then sign the statement below. This section **MUST** be completed and must **NOT** be altered in any way.

Important information about Consent

You will see that we have asked you for your consent for the release of medical reports from your doctors as we may require further information. In addition, as a part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment.

In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include Doctors, Orthoptists at eye clinics or Paramedical Staff at a Driving Assessment centre. Only information relevant to the assessment of your fitness to drive will be released.

In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more of the Secretary of State’s Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

All data held by DVLA is used for internal evaluation of the quality of our services.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports to the Secretary of State’s medical adviser about my condition.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to Doctors, Paramedical staff and Panel members, and to inform my Doctor(s) of the outcome of the case where appropriate.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief they are correct.

“I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.”

Signature: _____

Date: _____

NAME	DOB	REF. NO.
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