



**Medical Fitness to Drive**

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

Please answer all questions and ensure you sign and date the enclosed consent and declaration.

Use black ink only.

**1 Your Details:**

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ Daytime telephone number (if any) \_\_\_\_\_  
Driver number (if known) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2 Your Doctor's Details:**

Name of family Doctor (or Group Practice) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone number (if known) \_\_\_\_\_  
Date last seen by GP for this condition: \_\_\_\_\_

**3 Details of your Specialist Clinic(s)**

*(NOTE: IF THIS SECTION DOES NOT APPLY TO YOU, GO TO QUESTION 4)*

**3a EPILEPSY CLINIC**

Consultant \_\_\_\_\_  
Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel No \_\_\_\_\_  
\_\_\_\_\_  
**Give dates(approx) of attendance within last**  
**12 months:** \_\_\_\_\_  
Hospital Record Number \_\_\_\_\_

**3b NEUROLOGY/NEUROSURGICAL CLINIC**

Consultant \_\_\_\_\_  
Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel No \_\_\_\_\_  
\_\_\_\_\_  
**Give dates(approx) of attendance within last**  
**12 months:** \_\_\_\_\_  
Hospital Record Number \_\_\_\_\_

**4 Other Hospital /clinic attendance(s) within the past 3 years**

We need to know only about medical conditions which could affect your fitness to drive.

Reason for attendance \_\_\_\_\_  
\_\_\_\_\_  
Name of Doctor/Consultant \_\_\_\_\_  
Hospital Address \_\_\_\_\_  
\_\_\_\_\_  
Date(s) of attendance (approx) within past 3 years \_\_\_\_\_  
Hospital record number (if known) \_\_\_\_\_

NAME	DOB	REF
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**About Epilepsy**

Attacks of epilepsy may involve fits, convulsions, or seizures. However epilepsy may also occur as “auras” eg strange feelings, disturbances of taste, as absences or blank spells or as limb jerking or twitching. In answering this questionnaire you should include any epileptic attacks of which you were not personally aware but were told about by others.

**Please answer all the questions and read the important note at foot of page.**

- 1 Have you ever had any form of epileptic attack? NO  YES
- 2 Have you had an epileptic attack within the last seven years? NO  YES

If **YES** to either question 1 or 2, please answer questions 3 & 4

- 3 Please give details of epileptic attacks as follows

Please enter date of first attack

Please enter date of last attack

Awake	Asleep
*	

**Note:**

If there have been both awake and asleep attacks, please also give the approximate date of the **first asleep** attack which occurred **after** the date you have entered in the box marked \*

DD	MM	YY

- 4 Are you taking tablets/medicine to control the attacks? NO  YES

**If YES:**

Please give name(s) of all current treatment(s) for epilepsy:

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**If NO:**

Please give name(s) of previous medication & date that it was discontinued:

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**\*\*Important Note\*\***

**If you have answered “NO” to question 2, DVLA may be able to issue a longer period licence if you sign the following statement**

I agree to follow the advice of my doctors concerning any treatment for epilepsy, attend appointments as may be necessary to monitor the condition and to inform DVLA should I experience any further attacks or if my condition changes

Signed \_\_\_\_\_ Date \_\_\_\_\_

NAME	DOB	REF
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# DRIVING LICENCES : EPILEPSY

## ORDINARY DRIVING ENTITLEMENT

### Epilepsy

A person who suffers from epilepsy may qualify for a driving licence if he or she has been free from any epileptic attack for one year. An epileptic attack includes a minor one as well as such signs as limb jerking, auras or absences, and need not necessarily involve loss of consciousness.

### Sleep epilepsy

A person who cannot meet the above condition may qualify for an ordinary driving licence provided that he or she has established over a period of at least three years (beginning on the date of an asleep attack), a history or pattern of attacks which occur **only** when asleep.

In either case the applicant or licence holder suffering from epilepsy must not be regarded as likely to be a source of danger to the public as a driver.

If whilst holding a driving licence, a driver suffers from any epileptic attack, driving must cease immediately (unless the sleep regulations can be met) and DVLA be notified.

## VOCATIONAL ENTITLEMENT

### Large Goods Vehicles (LGV) Passenger Carrying Vehicles (PCV)

Drivers of these vehicles must satisfy all the following conditions:-

- ❖ hold a full ordinary driving licence
- ❖ have been free of epileptic attack for at least the last ten years
- ❖ have not taken anti epileptic medication during this ten year period
- ❖ do not have a continuing liability to epileptic seizure.

## BOTH ORDINARY AND LGV/PCV LICENCES ARE ISSUED BY DVLA, SWANSEA

### NOTE:

The following associations offer help to people with epilepsy:-

**Epilepsy Action**  
New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
Freephone 0808 800 5050  
[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**The National Society for Epilepsy**  
Chalfont St Peter  
Gerrards Cross  
SL9 0RJ  
Tel. 01494 601400  
[www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

**Epilepsy Scotland**  
48 Govan Road  
Glasgow  
G51 1JL  
Freephone 0808 800 2200  
[www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)

*Rev Feb 06*

NAME	DOB	REF
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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
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