



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

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 PSYCHIATRIC CLINIC

Consultant
Hospital/Clinic address
Tel No
Give dates(approx) of attendance within last 12 months:
Patient record number

3b Attendance with CPN/ Counsellor

Name of CPN
Hospital/Clinic Address
Tel No
Give dates(approx) of attendance within last 3 years:
Patient record number

4 About Hospital 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)

Table with 3 columns: NAME, DOB, REF. NO.



1 Please give the name of your mental health condition _____

2 Please give the name and dosage of all the current medication prescribed to you for the above condition:

3 Does the medication make you drowsy or confused **throughout** the day? NO YES

4 In the past 12 months, have you required treatment for either alcohol or drugs dependency? NO YES

If YES, please give date(s) of treatment: _____

5 In the past 6 months, have you regularly misused alcohol? NO YES

6 In the past 6 months, have you misused illicit drugs? NO YES

If YES, please give brief details: _____

7 Do you have serious memory problems or episodes of confusion? NO YES

8 In the past 12 months, have you required admission to a hospital or clinic for psychiatric treatment? NO YES

9 In the past 12 months, have you suffered any fit(s) or blackouts? NO YES

If YES, please give brief details: _____

** Please complete the consent and declaration and ensure that the details of any psychiatric specialists are given at section 3 on the front page.

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.

<p>Consent and Declaration</p> <p>I authorise my Doctor(s) and Specialist(s) to release reports to the Secretary of State’s medical adviser about my condition.</p> <p>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.</p> <p>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.</p> <p>“I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.”</p> <p>Signature: _____</p> <p>Date: _____</p>
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NAME	DOB	REF. NO.
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