



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 or home 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)

<p>3a PSYCHIATRIC /ALCOHOL/DRUG CLINIC</p> <p>Consultant/GP/CPN _____</p> <p>Hospital/Clinic _____</p> <p>Address _____</p> <p>_____ Tel No _____</p> <p>Give dates (approx) of attendance within last 12months: _____</p> <p>Patient Record Number _____</p>	<p>3b GENERAL MEDICAL CLINIC</p> <p>Consultant/CPN _____</p> <p>Hospital/Clinic _____</p> <p>Address _____</p> <p>_____ Tel No _____</p> <p>Give dates (approx) of attendance within last 3 years: _____</p> <p>Patient Record Number _____</p>
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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) _____



About your Medical Condition:

1. Have you used drugs/illicit substances at any time in the last 3 years? NO YES

If YES, please indicate which drugs/illicit substances from the list below:

	tick ✓	Quantity and frequency used	Date last used
a) Cannabis	<input type="checkbox"/>	_____	_____
b) Hallucinogens eg LSD	<input type="checkbox"/>	_____	_____
c) Ecstasy	<input type="checkbox"/>	_____	_____
d) Amphetamine	<input type="checkbox"/>	_____	_____
e) Benzodiazapines eg Diazepam/ Temazepam	<input type="checkbox"/>	_____	_____
f) Crack/Cocaine	<input type="checkbox"/>	_____	_____
g) Heroin	<input type="checkbox"/>	_____	_____
h) Methadone	<input type="checkbox"/>	_____	_____
		Date Treatment Started _____	
i) Other	<input type="checkbox"/>	_____	_____

Please Specify _____

2. As a result of drug/substance misuse, have you ever required treatment? NO YES

Please give **details** and **dates** and ensure page one is completed

3. Are you enrolled in a drug programme? NO YES

3a. Do you receive prescribed medication as part of this programme? NO YES

If **YES**, please specify:

i) Name of Drug _____ ii) Dosage _____

iii) Frequency taken _____ iv) Method _____
(taken eg mouth/injection)

v) Date medication started _____

4. Please list **ALL** tablets/drugs or medication that you are **currently** taking, **including dosage** _____

5. Have you misused alcohol in the last 18 months? NO YES

5a. Have you been diagnosed with alcohol dependency in the last 3 years? NO YES

If **YES**, please supply

a) Quantity consumed _____ b) Drink consumed _____

c) Frequency _____ d) Date of last drink _____

6. Have you suffered from any of the following? NO YES

a) Sudden disabling giddiness YES Date _____

b) Blackouts/loss of consciousness YES Date _____

If **YES** to 6a or 6b please give details: _____

c) Fits/convulsions/seizures/any form of epileptic attack or aura YES

If **YES** to c) please give approximate dates of the following:

	AWAKE	ASLEEP
Date of first attack		
Date of last attack		

N.B. If you have seen a consultant regarding the above episode(s) please ensure that details are given in section 4 of the fronting sheet.

Driver declaration: I declare that I have checked the details given above and that to the best of my knowledge and belief, they are correct.

Signed: _____

Date: _____



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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