



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.

<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) <i>(NOTE: IF THIS SECTION DOES NOT APPLY TO YOU, GO TO QUESTION 4)</i></p>	
<p>3a PSYCHIATRIC /ALCOHOL/DRUG CLINIC</p> <p>Consultant/GP/CPN _____</p> <p>Hospital/Clinic _____</p> <p>Address _____</p> <p>_____</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>_____</p> <p>_____ Tel No _____</p> <p>Give dates (approx) of attendance within last 3 years: _____</p> <p>Patient 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
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YOU ARE LIABLE TO PROSECUTION IF YOU KNOWINGLY GIVE FALSE INFORMATION

1. Have you been convicted of a drink/driving offence? 1 NO YES
If YES, please give details and dates _____

2. Do you consider you have, or have had, a drink problem? 2. NO YES
If YES, please give details and dates _____

3. Have you, as a result of alcohol intake, had any accident or injury including road traffic accident? 3. NO YES
If YES, please give details and dates _____

4. Has your drinking caused a problem to your home/family /work? 4. NO YES
If YES, please give details and dates _____

5. Have you ever been advised by a doctor or other specialist to reduce your alcohol intake? If so when, why and by whom? 5. NO YES

6. Have you required treatment associated with alcohol related illness, either as an in-patient or an out-patient for, eg
a Fits/seizures b Liver damage c Withdrawal symptoms
d Detoxification e Other

If YES (to any of these), please give details with dates _____

7. Please think about your recent drinking habits and describe a typical week.
a. How many days per week do you have an alcoholic drink? _____
b. How much do you have on a typical drinking day? _____
c. Do you have heavy drinking days or sessions? _____
d. On a heavy drinking day or session, how much do you drink? _____
e. When did you last have a drink and how much? _____

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8 Was there a time when you were drinking more heavily and regularly than now? 8 NO YES
 If YES, please give quantity consumed, frequency of use and date last used _____

9 Do you have, or have you suffered from, any of the following:
 a Morning retching (dry heaving) relieved by alcohol 9a NO YES
 If YES, please give details and dates _____

b Morning tremor relieved by alcohol 9b NO YES
 If YES, please give details and dates _____

c Memory loss after drinking 9c NO YES
 If YES, please give details and dates _____

d Withdrawal symptoms, eg fits or DTs 9d NO YES
 If YES, please give details and dates _____

10 Do you currently have any illness? 10 NO YES
 If YES, please explain _____

11 Please list **ALL** tablets/drugs or medication that you are taking at present

12 Have you suffered from other illness or medical condition in the past for which you have required investigation, treatment and/or operation? 12 NO YES
 If Yes, please give details _____

13 Have you taken illegal drugs or substances by any route, eg injection, smoking, oral 13 NO YES
 If YES, please give details with dates. _____



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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