



Notification form for healthcare professionals



You must read the important notes over the page before filling in this form.

Official use only

A About your patient

Title: Surname: Name(s):

Address: Date of birth:

Postcode:

B Your details

Name(s): My profession:

Professional regulatory body: Address:

Registration number:

Phone: Postcode:

Email:

Date: Signature:

C Notification details

1. What is the medical condition/diagnosis?

2. Is your patient currently **fit** to drive? Yes No

3. Has your patient been advised that they should not drive? Yes No

Please provide details below or attach clinic letters if available

Important notes

Please fill in all parts of this medical notification in relation to the medical condition of your patient.

Part (A) – Please fill in all fields regarding your patient’s details.

Part (B) – Please fill in all fields regarding your details, remembering to provide a signature and date which will act as a declaration that all details are correct to the best of your knowledge.

Part (C) – Please fill in all fields providing as much detail as possible regarding your patient’s medical condition. You may send clinic letters with this notification to help provide details of your patient’s medical condition or if you think they will aid a licensing decision.

Please note, your patient can request copies of any medical documents which are held at DVLA unless it is specified in writing that releasing this information could cause serious harm to your patient.

DVLA cannot be responsible for payment of any fee for this notification.

Where to send this notification

Please return this medical notification by post to **Drivers Medical Group, DVLA, Swansea SA99 1TU** or you may email medadviser@dvla.gov.uk