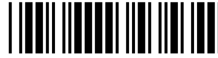
Driver & Vehicle Licensing Agency

Confidential medical information



C1

C1

Rev Jul 22

PART A: ABOUT YOU

Please complete this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title ________ Full name ________________________________

Full address ________________________________

____

Postcode ________________ Date of birth ________________

NHS number ________________ Driver number ________________
(If known)

Mobile number ________________ Home number ________________
(Optional) *(Optional)*

Email ________________________________
(Optional)

PART B: HEALTHCARE PROFESSIONAL DETAILS

Please provide the details of the GP and Consultant you have seen for this condition

IMPORTANT: You must provide their full name and address, or the form will be returned to you, delaying your application.

GP DETAILS

Full name ________________________________

Surgery ________________________________

Full address ________________________________

____

Postcode ________________ Phone number ________________

Email ________________________________
(If known)

Date last seen by GP for this condition ________________

CONSULTANT DETAILS

Title ________ Full name ________________________________

Department ________________________________

Full hospital address ________________________________

____

____

Postcode ________________ Phone number ________________

Email ________________________________
(If known)

Date last seen by consultant for this condition ________________

Driver & Vehicle Licensing Agency

Medical questionnaire – cancer

C1
Rev Dec 18

If you are unsure of the answers, we advise you to discuss this form with your doctor.
Please answer **ALL** questions or your case may be delayed

1. Your condition

1.1 Please give details of your diagnosis/condition.

____

____

1.2 Please give the date of diagnosis. Date of Diagnosis ☐☐☐

1.3 Have you been advised by your healthcare professional that you are currently unfit to drive? Yes ☐ No ☐

1.4 Do you have problems with fatigue or weakness that are likely to affect safe driving? Yes ☐ No ☐

1.5 Have you undergone treatment for your cancer? Yes ☐ No ☐

1.6 As a result of your condition, have you ever suffered from any of the following:

1.7 Sudden disabling giddiness/dizziness? Yes ☐ No ☐

If yes, please give details: Date of last episode ☐☐☐

____

____

1.8 Fainting, blackout or loss of consciousness? Yes ☐ No ☐

If yes, please give details: Date of last episode ☐☐☐

____

____

1.9 Any form of seizure? Yes ☐ No ☐

If yes, please give:

	Awake	Asleep
Date of first seizure	☐☐☐	☐☐☐
Date of last seizure	☐☐☐	☐☐☐

2. Your medication

2.1 Please give the name and dosage of all the current medication prescribed to you.

Name of Medication	Dosage	Reason for taking

2.2 Does any of your medication affect your ability to drive safely? Yes ☐ No ☐

3. Your appointments

3.1 Please supply the dates below of any phone, video or face to face consultations for this condition?

	Doctor			Consultant		
Date of last contact						
Date of next contact						

4. Special controls

4.1 As a result of your medical condition, do you have to drive a vehicle with automatic gears? Yes ☐ No ☐

4.2 As a result of your medical condition, do you have to drive a vehicle with special controls? Yes ☐ No ☐

If yes, please indicate what controls you need and complete the “special modifications” form on the next page

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4.3 | Select any modifications that you need to drive a car

- Modified transmission *(10)* ☐
- Modified clutch *(15)* ☐
- Modified braking system *(20)* ☐
- Modified accelerator system *(25)* ☐
- Pedal adaptations and pedal safeguards *(31)* ☐
- Combined service brake and accelerator systems *(32)* ☐
- Combined service brake, accelerator and steering systems *(33)* ☐
- Modified control layouts *(35)* ☐
- Modified steering *(40)* ☐
- Modified rear view mirror *(42)* ☐
- Modified driver seat *(43)* ☐

4.4 | Select any modifications that you need to drive a motorcycle, moped or tricycle

- Single operated brake *(44.01)* ☐
- Adapted front wheel brake *(44.02)* ☐
- Adapted rear wheel brake *(44.03)* ☐
- Adjusted accelerator *(44.04)* ☐
- Adjusted manual transmission and clutch *(44.05)* ☐
- Adjusted rear view mirror *(44.06)* ☐
- Adjusted commands *(light, indicators etc.) (44.07)* ☐
- Seat height *(allows the driver to have two feet on the surface at once and balance the wheel when stopping /standing) (44.08)* ☐
- Adapted foot rest *(44.11)* ☐
- Adapted hand grip *(44.12)* ☐
- Motorcycle with sidecar only *(45)* ☐

If you have ticked any of the above you will need to return your driving licence with this completed form

Driver & Vehicle Licensing Agency

Applicant's authorisation

You **must** fill in this section and must **not** alter it in any way. Please read the following information carefully and sign to confirm the statements below.

Important information about fitness to drive

- As part of the investigation into your fitness to drive, we (DVLA) may require you to have a medical examination and/or some form of practical assessment. If we do, the individuals involved in these will need your background medical details to carry out an appropriate assessment.
- These individuals may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only share information relevant to the medical assessment of your fitness to drive.
- Also, where the circumstances of your case appear to suggest the need for this, the relevant medical information may need to be considered by one or more of the members of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

For information about how we process your data, your rights and who to contact, see our privacy notice at www.gov.uk/dvla/privacy-policy

This section must NOT be altered in any way.

Declaration

I authorise my doctor, specialist or appropriate healthcare professional to disclose medical information or reports about my health condition to the DVLA, on behalf of the Secretary of State for Transport, that is relevant to my fitness to drive.

I understand that the doctor that I authorise, may pass this authorisation to another registered healthcare professional, who will be able to provide information about my medical condition that is relevant to my fitness to drive.

I understand that the Secretary of State may disclose such relevant medical information as is necessary to the investigation of my fitness to drive to doctors and other healthcare professionals such as orthoptists, paramedical staff and the Secretary of State for Transport's Honorary Medical Advisory panel members.

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."

Name: ______________________________

Signature: ______________________________ Date: ______________________

I authorise the Secretary of State to correspond with medical professionals by email **Yes** ☐ **No** ☐

If you would like to be contacted about your application by email or text message (SMS), please tick the appropriate boxes (below). If not, DVLA will continue to contact you by post.

I authorise a representative of the Secretary of State to contact me via Email or SMS text in relation to this application (please tick): **Email** ☐ **Yes** ☐ **No** **SMS (Text)** ☐ **Yes** ☐ **No**

Driver & Vehicle
Licensing
Agency

Note: please complete and return all pages of this medical questionnaire and authorisation form. If you do not give us all the information we need including the full name, address, and telephone number of your GP/Consultant then there will be a delay with your case.

Please use the contact details below to return your completed medical questionnaire to the **Drivers Medical Group**

By Post:

Drivers Medical Group,
DVLA,
Swansea.
SA99 1DF

Email: eftd@dvla.gov.uk

Please keep this page for future reference

Find out about **DVLA's online services**

Go to: www.gov.uk/browse/driving