



# DVLA (Drivers Medical Unit) DRIVING APPRAISAL

Case number:

## Driver's Declaration

Name:  Driving Licence Number:

I hold a current driving licence for the category of vehicle detailed below and I am not under the influence of drink, drugs or medication that could affect my driving ability. The use of the assessment vehicle for the purposes of the assessment is covered by a valid policy of insurance which satisfies the requirements of the relevant legislation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Eyesight Requirements met:  Yes  No Appraisal time:

Type: Manual/Automatic:  Registration Number:

Adaptation Code (if applicable)  Weather Conditions:

1. Knowledge and effective use of Controls:
2. Start, stop, move off procedures:
3. Effective use of Mirrors:
4. Correct and effective use of Signals:
5. Response to Traffic Signals/Signs/Road Markings
6. Road Positioning:
7. Negotiating Junctions/Slip Roads:
8. Separation Distance:
9. Appropriate Speed:
10. Identify & Respond appropriately to Hazards:
11. Manoeuvring Exercise

	A	B	C	D
1. Knowledge and effective use of Controls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Start, stop, move off procedures:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effective use of Mirrors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Correct and effective use of Signals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Response to Traffic Signals/Signs/Road Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Road Positioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Negotiating Junctions/Slip Roads:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Separation Distance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Appropriate Speed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Identify & Respond appropriately to Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Manoeuvring Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eco-Safe driving: Control  Planning

Independent driving demonstrated

Comments:

Continuation sheet used:

### Overall Assessment



This report is in recognition of the completion by the named driver on the date of this report of an appraisal undertaken by the Driving Standards Agency on behalf of DVLA (Drivers Medical Unit).

Assessor name / signature: \_\_\_\_\_



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