Driver & Vehicle Licensing Agency

Confidential medical information

DR1 ONLINE
Rev Sept 14

PART A: ABOUT YOU

Please answer the questions on this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title: ______ Surname: ______________________ Date of Birth: ____ / ____ / ____
(Mr, Mrs, Miss, Other?)

First Name(s): ______________________ Driver No: ________________
(if known)

Address: ______________________
____
____
____
Postcode ____________

Telephone Number(s):
Home ______________________
Mobile ______________________
Email ______________________

PART B: ABOUT YOUR GP AND YOUR CONSULTANT

GP's Name and Address	**Consultants Name and Address**
Dr:	Title:
	Department:
Postcode:	Postcode:

TEL No: *(Including dialling code)* ______________________

TEL No: *(Including dialling code)* ______________________

Date last seen by GP ____ / ____ / ____
(For this condition)

Date last seen by Consultant ____ / ____ / ____
(For this condition)

If you have more than one consultant, please give their name, department and address on a separate sheet.

GP email address *(if known)* ______________________

Consultants email address *(if known)* ______________________

Hospital number *(if known)* ______________________

PART C: Please give details of other clinics you are attending below

Name of clinic & Department	Reason for attendance	Date last seen

NAME:	DOB:	REF:

DRIVER NUMBER:

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Questionnaire to assess your medical fitness to drive

If you are unsure of the answers we advise you to discuss this form with your doctor

Please answer all questions and provide dates

1. Within the last 3 years have you:-

		Yes	No
a)	been dependent on or misused alcohol		
b)	had an accident/injury, including a road traffic accident, as a result of your alcohol intake?		

If Yes, please give date

Day	Month	Year

		Yes	No
c)	had a problem with your home/family or work life due to your alcohol intake?		

		Yes	No	Day	Month	Year
d)	undergone an alcohol detoxification programme?					
e)	had alcohol withdrawal symptoms?					
f)	had or do you have liver damage?					
g)	required hospital treatment for alcohol related illness?					
h)	been advised by a doctor or counsellor to reduce your alcohol intake?					
i)	had memory loss after drinking					

		Yes	No
2.	Have you had any alcohol related fits or seizures?		

If Yes, please provide dates of attacks below

	Awake			Sleep		
	Day	Month	Year	Day	Month	Year
Date of first seizure						
Date of last seizure						

NAME:	DOB:	REF:

DRIVER NUMBER:

3a. How often do you have a drink containing alcohol? ____________________

b. How many units of alcohol do you drink on a typical day when you are drinking? ____________________

c. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? ____________________

d. When did you last have a drink?

Day	Month	Year

e. How much alcohol was consumed on the last occasion? ____________________

4. In the last 3 years have you seen a hospital doctor or GP about any alcohol related problems? Yes ☐ No ☐

If Yes, please provide the following :-

Name of Doctor : ____________________

Clinic/Hospital Address : ____________________

Reason for attending : ____________________

Date last seen : ____________________

5a. In the last 3 years have you used cannabis? Yes ☐ No ☐
If Yes, please supply details below and date last used

How much : ____________ How often: ____________

Month	Year

5b. Please fill in the box(es) below if you have misused any of the illicit street drugs or substances in the last 3 years and date last taken.

	Yes	No	How much	How often	Month	Year
Lsd/Ecstasy/Amphetamine:						
Benzodiazepines:						
Cocaine/Crack Cocaine:						
Heroin:						

5c. Any other drugs taken : Please specify ____________________

NAME:	DOB:	REF:
DRIVER NUMBER:		

6. Are you on a treatment programme for previous drug dependence e.g Methadone, Buprenorphine?

Yes	No	Month	Year

If Yes, please give date started. ____________________

7. Please list all tablets/drugs or prescribed medication that you are taking at present

Name of tablet/drug or prescribed medication	Dosage (the amount you take)

8. Do you currently have any injury, illness or medical condition that could affect your driving?

Yes	No

If Yes, please explain ____________________

Driver Declaration

I declare that I have checked the details given and that to the best of my knowledge and belief they are correct

Signature ____________________ Date

NAME:	DOB:	REF:
DRIVER NUMBER:		

Driver & Vehicle Licensing Agency

CONSENT

Consent to the release of medical information

IMPORTANT: Please read the following information carefully and sign and date the statement below and return this consent form with your questionnaire. We cannot proceed with enquiries into your fitness to drive until we receive both your completed questionnaire and consent form

- We have asked you for your consent for the release of medical reports from your doctors as we may require further information.
- As 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, Paramedical Staff or officers of the Secretary of State. Only information relevant to the assessment of your fitness to drive will be released.
- 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.

This section must NOT be altered in any way.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant personal and medical information as may be necessary to the investigation of my fitness to drive, to Doctors, Orthoptists, Paramedical staff or Officers of the Secretary of State.

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 :

Inform my Doctor(s) of the outcome of my case	**YES** ☐	**NO** ☐
Release medical information, discovered during the investigation into my fitness to drive, to my Doctor(s)	**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**

If you tick either of these options, DVLA will contact you using an external service provider regarding this application only. Your email / mobile details will not passed on to any other Third Parties, or used for marketing purposes.

NAME:	DOB:	REF:
DRIVER NUMBER:		

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Note: please fill in and return all pages (1-5) of this medical questionnaire and consent/declaration. 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 filled in medical questionnaire to the Drivers Medical Group.

By Post

Drivers Medical Group
DVLA
Swansea
SA99 1DF

By fax

0300 083 0083

Please keep this page (6) for future reference.

Find out about **DVLA's online services**
Go to: www.gov.uk/browse/driving