



**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**

Dr:   
  
  
  
  
Postcode:

**Consultants Name and Address**

Title:   
Department:   
  
  
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)* \_\_\_\_\_

NHS number *(if known)* \_\_\_\_\_

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

<u>Name of clinic &amp; Department</u>	<u>Reason for attendance</u>	<u>Date last seen</u>

NAME:	DOB:	REF:
DRIVER NUMBER: <input type="text"/>		



**Questionnaire to assess your medical fitness to drive.**

If you are unsure of the answers, we advise you to discuss the form with your Doctor

Please answer ALL questions, or your case will be delayed

1. Please give the name of your medical condition(s)

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2. Please give the approximate date of diagnosis.

Month	Year
<input type="text"/>	<input type="text"/>

3. a) Was your condition caused by an illness?

Yes	No
<input type="text"/>	<input type="text"/>

If Yes, please give full details: \_\_\_\_\_

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b) Was your condition caused by an accident?

Yes	No
<input type="text"/>	<input type="text"/>

If Yes, please give full details: \_\_\_\_\_

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c) Was your condition caused by a head injury?

Yes	No
<input type="text"/>	<input type="text"/>

If Yes, please visit [www.gov.uk/health-conditions-and-driving](http://www.gov.uk/health-conditions-and-driving) to Download and complete a B1 medical questionnaire and send it to DVLA. Alternatively, upon receipt of this questionnaire we will Send you a B1 questionnaire for completion.

d) Was your condition related to alcohol?

Yes	No
<input type="text"/>	<input type="text"/>

If Yes, please give full details: \_\_\_\_\_

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NAME:	DOB:	REF:
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DRIVER NUMBER:
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4. Please describe how the condition affects you:

- a) when driving \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) generally \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Has your doctor advised you that you are not currently fit to drive? Yes  No

6. Please give the name and dosage of your current medication including eye drops.

Name Of Medication	Dosage	Reason For Taking

7. Does the medication make you drowsy or confused when driving? Yes  No

8. Please give the dates of your next appointment with your:

	Day	Month	Year		Day	Month	Year
Doctor				Consultant			

9. Have you had a driving assessment? Yes  No   
*If Yes, please enclose a copy of the report*

10. Do you need to drive a vehicle fitted with special controls or automatic transmission? Yes  No   
*If you answer No to Q10 you do not need to answer Q10a and 10b.*

*\*\*If you do need special controls please complete the form overleaf*

a) Have you told us before that you need special controls or automatic transmission? *If Yes, please answer Q10b* Yes  No

b) Since your last licence was issued have you had any additional controls fitted to your vehicle? Yes  No

NAME:	DOB:	REF:
DRIVER NUMBER:		



**Special Controls**

**YOU SHOULD ONLY COMPLETE THIS FORM IF YOU HOLD A FULL DRIVING LICENCE**

You have declared that you need to drive a vehicle fitted with special controls or automatic transmission; you must fill in the section below which is relevant to you. The restriction code will be updated onto your record and appear on your licence. Please write to us if your circumstances change. We can change, add or remove the codes.

You will also need to return your current driving licence (if you have not already done so). If you hold provisional entitlement or you are applying for a provisional licence, if special controls are needed then these will be added when you pass your driving test.

SPECIAL VEHICLE CONTROLS: (applies to cars and if appropriate, lorries and buses)

If you tick **78**, there is normally no need to tick **10** (modified Transmission) or **15** (Modified Clutch).

If you tick **32** (Combined service brake and accelerator systems) or **33** (Combined service brake, accelerator and steering systems), there is normally no need to tick **20** (Modified Braking System) or **25** (Modified Accelerator System).

**Section 1a – Car OR Bus & Lorry controls**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>78</b> -Automatic Transmission<br>(Do not tick 78 if driven by choice) | <input type="checkbox"/> <b>10</b> -Modified Transmission                                    | <input type="checkbox"/> <b>15</b> -Modified Clutch                        |
| <input type="checkbox"/> <b>20</b> -Modified Braking System  | <input type="checkbox"/> <b>25</b> -Modified Accelerator System                              | <input type="checkbox"/> <b>31</b> -Pedal adaptations and pedal safeguards |
| <input type="checkbox"/> <b>32</b> -Combined service brake and accelerator systems                 | <input type="checkbox"/> <b>33</b> -Combined service brake, accelerator and steering systems | <input type="checkbox"/> <b>35</b> -Modified Control Layouts               |
| <input type="checkbox"/> <b>40</b> -Modified Steering  | <input type="checkbox"/> <b>42</b> -Modified Rear View Mirror                                | <input type="checkbox"/> <b>43</b> -Modified Driver Seat                   |

**Section 1b – Motorcycle or Tricycle Controls**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>78</b> -Automatic Transmission<br>(Do not tick 78 if driven by choice) | <input type="checkbox"/> <b>44.01</b> -Single Operated Brake                      | <input type="checkbox"/> <b>44.02</b> -Adapted front wheel brake   |
| <input type="checkbox"/> <b>44.03</b> -Adapted rear wheel brake                                    | <input type="checkbox"/> <b>44.04</b> -Adjusted accelerator                       | <input type="checkbox"/> <b>44.05</b> -Adjusted manual transmission & clutch   |
| <input type="checkbox"/> <b>44.06</b> -Adjusted rear view mirror                                   | <input type="checkbox"/> <b>44.07</b> -Adjusted commands (lights, indicators etc) | <input type="checkbox"/> <b>44.08</b> -Seat height – allows the seated driver to have two feet on the surface at once and balance the wheel when stopping/standing |
| <input type="checkbox"/> <b>44.11</b> -Adapted foot rest   | <input type="checkbox"/> <b>44.12</b> -Adapted hand grip                          |  |
| <input type="checkbox"/> <b>45</b> -Motorcycle with sidecar only                                   |   |  |

**PLEASE TICK RELEVANT BOX**

My licence is not enclosed because:

It has been lost/stolen

It has already been returned to the DVLA

My licence is enclosed

Declaration: I confirm that I need the controls I have indicated above

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

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

NAME:	DOB:	REF:
DRIVER NUMBER:		



**Applicants declaration**

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 release information relevant to the medical assessment of your fitness.
- 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.

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.**

**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 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, orthoptists, paramedical staff and 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 :**

**Inform my Doctor(s) of the outcome of my case** Yes  No

**Release my medical information, and any other relevant information, to my doctor(s) by postal or electronic (fax or email) channels** 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

NAME:	DOB:	REF:
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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](http://www.gov.uk/browse/driving)

