



IMPORTANT: Please answer the questions in **BLOCK CAPITAL** letters using **BLACK INK**.
Failure to provide full information for yourself, GP or consultant may result in your case being delayed.

PART A: About you

Current driving licence details

Title: _____ Full name: _____ Date of birth: _____
Address: _____
Postcode: _____
Email: _____ Contact number: _____

Change of details

If you have changed your contact information (address, name, email or contact number) since we last corresponded with you, please provide the NEW details in the box below.

PART B: Healthcare professional for your condition

GP details

GP name: _____
Surgery name: _____
Address: _____
Town: _____
Postcode: _____
Contact number: _____
Email: _____
Date last seen for this condition: _____

Consultant details

Consultant name: _____
Speciality: _____ Department: _____
Hospital name: _____
Address: _____
Town: _____
Postcode: _____
Contact number: _____
Email: _____
Date last seen for this condition: _____



Medical questionnaire – general

If you are unsure of the answers, we advise you to discuss the form with your healthcare professional
Please answer **ALL** questions

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

2. Please give the approximate date of diagnosis.

MM

YY

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Yes

No

3. Was your condition caused by an illness?

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- a) If yes, please give full details:

Yes

No

- b) Was your condition caused by an accident?

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If yes, please give full details:

Yes

No

- c) Was your condition caused by a head injury?

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If yes, please visit 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.

Yes

No

- d) Was your condition related to alcohol?

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If yes, please give full details:

4. Please describe how the condition affects you:

- a) when driving:

- b) generally:

G1

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.

NAME OF MEDICATION	DOSAGE	REASON FOR TAKING

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

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

	DOCTOR				CONSULTANT		
	DD	MM	YY		DD	MM	YY
Date of last contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of last contact	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of next contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of next contact	<input type="text"/>	<input type="text"/>	<input type="text"/>

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? ☐ ☐
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* ☐ ☐

b) Since your last licence was issued have you had any additional controls fitted to your vehicle? ☐ ☐



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 and lorry controls

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

Section 1b – motorcycle or tricycle controls

- | | | |
|--|--|--|
| <input type="checkbox"/> 78 -Automatic Transmission
(Do not tick 78 if driven by choice) | <input type="checkbox"/> 44.01 -Single Operated Brake | <input type="checkbox"/> 44.02 -Adapted front wheel brake |
| <input type="checkbox"/> 44.03 -Adapted rear wheel brake | <input type="checkbox"/> 44.04 -Adjusted accelerator | <input type="checkbox"/> 44.05 -Adjusted manual transmission & clutch |
| <input type="checkbox"/> 44.06 -Adjusted rear view mirror | <input type="checkbox"/> 44.07 -Adjusted commands
(for example lights or indicators) | <input type="checkbox"/> 44.08 -Seat height – allows the seated driver to have 2 feet on the surface at once and balance the wheel when stopping/standing |
| <input type="checkbox"/> 44.11 -Adapted footrest | <input type="checkbox"/> 44.12 -Adapted hand grip | |
| <input type="checkbox"/> 45 -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: _____



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 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. If not, DVLA will continue to contact you by post. Email ☐ SMS (text) ☐

If you would like to be contacted about your application by email or text message (SMS) by a healthcare professional acting on behalf of DVLA, please tick the appropriate boxes. If not, you'll be contacted by post.

Email ☐ SMS (text) ☐



Driver & Vehicle
Licensing
Agency

Note: there will be a delay with your case if you do not give us all the information we need, including the full name, address and telephone number of your healthcare professional.

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

By email:

eftd@dvla.gov.uk

Please keep this page for future reference.



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We invest in people Gold

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