Driver & Vehicle Licensing Agency

Confidential medical information

PK1

PK1
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 – Parkinson's

PK1
Rev Feb 19

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

1 Your condition

1.1 How long have you been diagnosed with Parkinson's?

☐ Less than one year ☐ 1 year to 3 years

☐ 3 years to 13 years ☐ More than 13 years

1.2 Do you experience episodes of slowing up (off periods or freezing)?

You should not drive when you are likely to experience off periods or freezing

☐ Yes ☐ No ➔ **Go to 1.4**

1.3 If yes, are these periods sudden and unpredictable?

☐ Yes ☐ No

1.4 Due to your Parkinson's do you experience sleepiness that affects safe driving?

☐ Yes ☐ No

1.5 Have you had an on-road driving assessment in the last 3 years?

If yes, and you have a copy, please enclose it with this form

☐ Yes ☐ No

2 Your Medication

2.1 Do you need to take medication for your Parkinson's?

☐ Yes ☐ No ➔ **Go to 3**

2.2 If yes, does your medication make you drowsy or confused when driving?

You should not drive when you experience drowsiness or confusion as a result of taking your medication

☐ Yes ☐ No

3 Healthcare Professional

3.1 | Have you been in contact (Any phone, video or face to face consultation) with your healthcare professional about your Parkinson's in the last 12 months?

A healthcare professional could be your GP, consultant or specialist

☐ Yes ☐ No ➔ **Go to 4**

3.2 | If yes, who was the last healthcare professional you saw for your Parkinson's disease?

☐ GP ☐ Consultant / Nurse specialist at hospital clinic

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 need to drive a vehicle with special controls?

☐ Yes ☐ No

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 & 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

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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