



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 – vision – vocational

If you are unsure of how to answer these questions, you can discuss the form with your healthcare professional

Please answer **all** questions:

1.
 - a) Can you read a number plate from 20 metres in good light with glasses or contact lenses if worn? Yes ☐ No ☐
 - b) Has your doctor or optician advised you that your eyesight **does not currently** meet the minimum standard for driving? Visual acuity of 6/12 (0.5) or better may be achieved with the aid of glasses or contact lenses if necessary. Yes ☐ No ☐
 - c) Has your doctor or optician advised you that your eyesight **does not currently** meet the minimum standard for vocational driving? Your visual acuity must be of at least 6/7.5 (0.8) in the better eye and at least 6/60 (0.1) in the other eye. This may be achieved with glasses or contact lenses if necessary. Yes ☐ No ☐
2.
 - a) Do you need to wear glasses or contact lenses to meet the minimum eyesight standard when you drive cars or motorcycles? Yes ☐ No ☐
 - b) Do you need to wear glasses or contact lenses to meet the legal eyesight standard to drive a bus or lorry? Yes ☐ No ☐
3. Do you have total loss of sight in one eye, monocular vision? Yes ☐ No ☐
- a) If yes, please give date of loss:

MM	YY
4. Do you have any of the eyesight conditions listed below affecting either eye? If yes, please tick appropriate box(es) below

	Right	Left				
a) Retinitis Pigmentosa	<input type="checkbox"/>	<input type="checkbox"/>				
b) Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>				
c) Laser treatment in either eye for diabetic eye disease or another eye condition?	<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please give the date of your last laser treatment: <table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th>MM</th> <th>YY</th> </tr> </thead> <tbody> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </tbody> </table>			MM	YY		
MM	YY					
d) Macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>				
e) Cataracts with an intolerance to glare (difficulty seeing in the presence of bright light)	<input type="checkbox"/>	<input type="checkbox"/>				

You do not need to tell us if you have cataracts without intolerance to glare, or if you have had successful surgery to remove cataracts.

V1V

5. Do you have any other medical condition not specified at question 4 affecting either eye. Yes ☐ No ☐

a) If yes, which eye is affected Right ☐ Left ☐

b) If yes, please give details _____

6. Has your doctor or optician ever told you that you have a visual field defect? *(Do not include long or short sightedness)* Yes ☐ No ☐

7. Do you have double vision (diplopia)? Yes ☐ No ☐

a) If yes, do you ensure any double vision is suppressed or controlled when driving? Yes ☐ No ☐

b) Please tick in the box below how the double vision is controlled

Patch or glasses with a ☐ frosted lens?

Glasses with a ☐ prism?

Other ☐

If you have ticked "Other" please specify _____

8. Please give details of all medication taken by you including eye drops

NAME OF MEDICATION	DOSAGE	REASON FOR TAKING

9. 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"/>

10. What was the date of your last eye examination?

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>



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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