



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)

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

NAME: DOB: REF:
DRIVER NUMBER:



Questionnaire to assess your medical fitness to drive

Epileptic attacks are variably described and involve fits, convulsions or seizures. Epilepsy may also occur only as auras strange feelings or taste, absences or blank spells, limb jerking or twitching. Epileptic episodes may occur when asleep or when awake.

Question 1 Please indicate diagnosis (tick relevant box):

- a) First ever seizure
Go to Question 2
- b) More than one seizure ever or epilepsy
Go to Question 3
- c) Non-epileptic attack disorder, dissociative seizures or pseudoseizures
Go to Question 4
- d) Blackout(s) or altered level of consciousness
Go to Question 6

Question 2 First ever seizure

- a) Date of seizure Date

Please give details _____

- b) If you have been advised by a doctor that your seizure was provoked, please provide details of the circumstances of the seizure and the provoking factor.

Now go to Question 5 over the page

Question 3 More than one seizure ever or epilepsy - Please provide the following dates

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|----------------------|------|----------------------|----------------------|----------------------|-----|-------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|-----|-------|------|----------------------|----------------------|----------------------|-----|-------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <ul style="list-style-type: none"> a. First awake seizure <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">Day</td><td style="width: 30px; text-align: center;">Month</td><td style="width: 30px; text-align: center;">Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> c. Last 2 awake seizures <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">Day</td><td style="width: 30px; text-align: center;">Month</td><td style="width: 30px; text-align: center;">Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | Day | Month | Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <ul style="list-style-type: none"> b. First sleep seizure <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">Day</td><td style="width: 30px; text-align: center;">Month</td><td style="width: 30px; text-align: center;">Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> d. Last 2 sleep seizures <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">Day</td><td style="width: 30px; text-align: center;">Month</td><td style="width: 30px; text-align: center;">Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | Day | Month | Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | Day | Month | Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | Month | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | Month | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | Month | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | Month | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
- e) If you have suffered both awake and sleep attacks, please give the date of the first sleep attack after the last awake attack

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

NAME:	DOB:	REF:
DRIVER NUMBER:		

Question 3 continued

f) Have your seizures ever affected your level of consciousness? Yes No

If Yes, please go to Q3h, if No, please go to Q3g

g) Would your seizures ever have caused difficulty controlling a vehicle? Yes No

If No to both Q3f or Q3g please give a full description of attack _____

h) Was your last seizure a result of advice from your doctor to either stop, reduce or change your epilepsy medication? Yes No

If you have answered No to Q3h go to Q5

(i) If Yes to Q3h, please give the date you started to reduce/change your medication. Date

(ii) Has previously effective medication been restarted? Yes No

(iii) Please give the date the previous effective medication was restarted. Date

(iv) Please give the date of your last seizure prior to the medication withdrawal or reduction of medication seizure. Date

Question 4 Non-epileptic attack disorder, dissociative seizures or pseudoseizures

a) Please give the date of last event Date

b) Have any of the events happened whilst driving or as a passenger in a vehicle? Yes No

Question 5

a) Have you had a seizure as a result of alcohol misuse? Yes No

If Yes, please give the date(s) and details Date

b) Have you had a seizure as a result of drug misuse? Yes No

If Yes, please give the date(s) and details Date

NAME:	DOB:	REF:
DRIVER NUMBER:		

Declaration

This declaration needs to be signed if you have had more than one seizure whether or not a diagnosis of epilepsy has been made.

I agree to:

- follow the advice of my doctor(s) about treatment for this condition.
- attend, where necessary, appointments to monitor my condition.
- inform DVLA should I experience any further attacks

Signature: _____ Date: _____

After signing the declaration go to questions 7 and 8

Question 6 Blackout(s) or altered level of consciousness

	First Event		Last Event
	<i>DD MM YY</i>		<i>DD MM YY</i>
a) Date(s) of blackout or altered level of consciousness	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Have you had a pacemaker fitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) Have you had an ICD defibrillator fitted as a result of a blackout?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give the date the device was fitted	Date	<input type="text"/>	<input type="text"/>

Question 7

a) Please name all medications you take/have taken for this condition

Medication name	Date started	Date stopped

b) Does the medication make you drowsy or confused whilst driving? Yes No

Question 8

Please give the date of your last and next appointment with your Doctor or Consultant for this condition

	Doctor		Consultant
Last appointment	<input type="text"/>	Last appointment	<input type="text"/>
Next appointment	<input type="text"/>	Next appointment	<input type="text"/>

NAME:	DOB:	REF:
DRIVER NUMBER:		



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:
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DRIVER NUMBER:

DRIVING LICENCES – EPILEPSY

GROUP 1 (CAR + MOTORCYCLE) DRIVING ENTITLEMENT

Epilepsy regulations

1. A person who suffers from epilepsy may qualify for a Group 1 driving licence if he or she has been free from any epileptic attack for one year. An epileptic attack includes a minor one as well as such signs as limb jerking, auras or absences and need not necessarily involve loss of consciousness.
2. A person who has suffered an epileptic attack whilst asleep must also refrain from driving for one year from the date of the attack, unless they have had an attack whilst asleep more than three years ago and have not had any awake attacks since that asleep attack.
3. A person may qualify for a Group 1 driving licence provided that he or she has established, over a period of **12 months** (beginning on the date of a sleep attack), a history or pattern of attacks which have only ever occurred whilst asleep.
4. Seizures occurring without any influence on the level of consciousness and not causing any functional impairment in those with no history of any other type of seizure may continue to be licensed despite ongoing attacks once the pattern has been established for 1 year.

In all above cases the applicant or licence holder suffering from epilepsy must not be regarded as likely to be a source of danger to the public as a driver. If whilst holding a driving licence a driver suffers from any epileptic attack then driving must cease immediately (unless **3 or 4** can be met) and the DVLA must be notified. If a licence is issued under 3 or 4 and a different type of seizure occurs then the concession is lost and driving must cease and the DVLA notified.

Isolated Seizure

A person who has suffered from a single unprovoked epileptic seizure (isolated fit) will qualify for a driving licence if he or she has been free from further attacks for a six month period, provided there are no further clinical factors or investigations that may suggest an unacceptably high risk of a further seizure occurring in which case it shall be 12 months off driving.

Withdrawal

If a seizure occurs as a result of a physician-directed change OF/or reduction of anti epileptic medication the epilepsy regulations state that a licence is revoked FOR 12 MONTHS AS PER THE EPILEPSY REGULATIONS but reapplication can be accepted EARLIER once treatment has been reinstated for six months and as long as there have been no further seizures in the 6 months period after recommencing.

GROUP 2 (lorry and bus) DRIVING ENTITLEMENT**Epilepsy**

Drivers of these vehicles must satisfy all of the following conditions:-

- ❖ Hold a full ordinary driving licence
- ❖ Have been free of epileptic attacks for the last ten years
- ❖ Have not taken any anti-epileptic medication during this ten year period
- ❖ Do not have a continuing liability to epileptic seizures

Isolated Seizure

Drivers of these vehicles must satisfy all of the following conditions:-

- ❖ Hold a full ordinary driving licence
- ❖ Have been free of epileptic attacks for the last five years
- ❖ Have not taken any anti-epileptic medication during this five year period
- ❖ Have undergone a recent assessment by a Neurologist
- ❖ Have satisfactory results from investigations

BOTH GROUP 1 AND GROUP 2 LICENCES ARE ISSUED BY DVLA, SWANSEA.

NOTE:

The following associations offer help to people with epilepsy:-

Epilepsy Action
New Anstey House
Gate Way Drive
Yeadon
LEEDS, LS19 7XY

Epilepsy Society
Chalfont St. Peter
Gerrard Cross
SL9 0RJ

Freephone: 0808 800 5050

Tel No: 01494 601300

The Epilepsy Association of Scotland
48 Govan Road
Glasgow
G51 1JL

Tel No: 0141 427 5225

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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 pages 6-8 for future reference.

Find out about DVLA's online services

Go to: www.gov.uk/browse/driving

