

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

NAME:	DOB:	REF:
DRIVER NUMBER:		

3 Healthcare Professional

3.1 Have you seen a healthcare professional about your Parkinson's in the last 9 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

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:



Note: please fill in and return all pages (1-4) 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 (5) for future reference.

Find out about DVLA's online services

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

