



**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:** \_\_\_\_\_

Before you apply for your driving licence, please ensure that you can meet the following standards:

**if there is a history of alcohol disorder without high-risk features**, you are required to show abstinence or controlled drinking for at least 6 months.

**if there is a history of alcohol disorder with high-risk features**, you are required to show abstinence from alcohol for 1 year before licensing will be considered. After licensing occurs, continued licensing will depend on, continued ongoing abstinence for at least 3 years.

**Abstinence means not drinking any alcohol.**

**The high-risk features are:**

- alcohol withdrawal seizures.
- medication assisted alcohol withdrawal needed or required.

**If you have had a seizure which was not caused by alcohol withdrawal and have not previously declared it to DVLA, please follow instructions provided online at [www.gov.uk/convulsions-and-driving](http://www.gov.uk/convulsions-and-driving)**

#### **Recommended low risk limits**

The UK Chief Medical Officers' guideline for both men and women is that to keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis. Find out more online at [www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx)

**You must also meet all other medical standards for safe driving.** Your healthcare professional should be able to advise whether you meet the licensing standards.

To view the current standards, go to [www.gov.uk/dvla/fitnesstodrive](http://www.gov.uk/dvla/fitnesstodrive)

**More information about alcohol and its affect on health can be found at:**

[www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx)

**Online unit calculator can be found at:**

[www.alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator](http://www.alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator)

#### **Alcohol unit reference**

##### **One unit of alcohol:**

- Half a pint of 'regular' beer, lager or cider.
- Half a small glass of wine
- One single measure of spirits
- One small glass of sherry
- One single measure of aperitifs

##### **Drinks more than a single unit:**

- Pint of 'regular' beer, lager or cider (2 units)
- Pint of 'strong' or premium beer, lager or cider (3 units)
- Alcopop or a 275ml bottle of 'regular' lager (1.5 units)
- 440ml can of 'regular' lager or cider (2 units)
- 440ml can of 'super strength' lager (4 units)
- 250ml glass of wine - 12% (3 units)
- 75cl bottle of wine - 12% (9 units)

*Please be advised that the unit information is approximate and for guidance only.*



# Medical questionnaire – alcohol disorders

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

1. As a result of an alcohol disorder, have you **required** prescribed medication to help you stop drinking alcohol? Yes  No   
*(Medication assisted withdrawal also known as alcohol detox/detoxification)*
- (a) If yes, please give the date you started the treatment. Date   
*(If more than once, please give the most recent date)*
2. As a result of an alcohol disorder, have you had an alcohol **withdrawal** seizure? Yes  No   
*(Alcohol withdrawal seizure NOT alcohol associated seizure)*
- (a) If yes, please give the date of most recent event. Date
3. When did you last have an alcoholic drink? Date
4. How often do you have a drink containing alcohol?
- (a) Never
- (b) Occasionally
- (c) Monthly
- (d) Weekly
- (e) Daily
5. How many units of alcohol do you drink on a typical **week**?  
*(Please see attached guidance on units of alcohol)*
- (a) 0 units
- (b) 1 unit or less
- (c) 2 to 14 units
- (d) 15 to 27 units
- (e) 28 units or more

**Driver declaration:**

**I declare that I have checked the details given and that to the best of my knowledge and belief, they are correct.**

**Please be aware that incomplete answers may result in delays.**

**Signed:** \_\_\_\_\_

**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](http://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](mailto:eftd@dvla.gov.uk)

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