Driver & Vehicle Licensing Agency

Confidential medical information

DR1 ONLINE

Rev Sept 14

PART A: ABOUT YOU

Please answer the questions on this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title: (Mr, Mrs, Miss, Other?) Surname: Date of Birth:

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	**Consultants Name and Address**
Dr:	Title:
	Department:
Postcode:	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)*

NHS 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

NAME:	DOB:	REF:

DRIVER NUMBER:

Questionnaire to assess your medical fitness to drive

If you need assistance completing this form please speak to your doctor

1. As a result of alcohol dependence, have you needed to take prescribed medication to help you stop drinking alcohol safely? (alcohol detoxification treatment) — Yes ☐ No ☐

   a) If Yes, please give the date you started the treatment. (If more than once, please give the most recent date.) — Date ☐☐☐

2. When did you last have an alcoholic drink? — Date ☐☐☐

   a) How much alcohol was consumed on the last occasion? ____________________

3. How often do you have a drink containing alcohol? ____________________

   a) How much alcohol do you drink on a typical day when you are drinking? (give amount/type e.g. units or bottle of wine) ____________________

   b) How often in the last year have you drank 6 units or more on a single occasion? ____________________

4. Within the last 6 years have you been dependent on or regularly misused alcohol? — Yes ☐ No ☐

5. Within the last 6 years have you had an accident/injury, including a road traffic accident, as a result of your alcohol intake? — Yes ☐ No ☐

   a) If Yes, please give the date — Date ☐☐☐

6. Within the last 6 years have you had a problem with your family/work or home life due to your alcohol intake? — Yes ☐ No ☐

7. Within the last 6 years have you been told you have liver disease or damage? — Yes ☐ No ☐

NAME:	DOB:	REF:
DRIVER NUMBER:		

8. Within the last 6 years have you required treatment for an alcohol related illness? Yes ☐ No ☐

   a) If Yes, please give the date of most recent treatment Date ☐☐☐

   Please give details of the doctor we should contact for more information and the date you were last seen.

   Name ______________________ Last seen ☐☐☐

   Address ______________________

   ____

9. Have you had any fits, seizures or blackouts within the last 5 years? Yes ☐ No ☐

   a) If Yes, please give the date of most recent event Date ☐☐☐

   Please give details of the doctor we should contact for more information and the date you were last seen.

   Name ______________________ Last seen ☐☐☐

   Address ______________________

   ____

10. In the last 3 years have you **misused** any drugs, including prescribed drugs, over the counter medication or any other substances? Yes ☐ No ☐

   a) In the last 3 years have you been on a treatment programme for drug misuse? Yes ☐ No ☐

   If Yes to 10 or 10a, please give details of the doctor we should contact for more information and the date you were last seen.

   Name ______________________ Last seen ☐☐☐

   Address ______________________

   ____

NAME:	DOB:	REF:
DRIVER NUMBER:		

11. In the last 3 years have you had any mental health problems? Yes ☐ No ☐

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: ____________

The standards for driving and alcohol misuse or dependency have been reviewed and updated.

Before you re-apply for your driving licence please ensure that you can meet the following standar**ds:**

If there is a history of alcohol misuse you are required to show controlled drinking at the recommended low risk limits for at least 6 months.

If there is a history of alcohol dependency you are required to show abstinence from alcohol for 12 months. **Abstinence means** not taking any alcohol. You must continue to abstain from alcohol should you wish to hold a driving licence.

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 https://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx

In addition you must also meet all other medical standards for safe driving. Your doctor should be able to advise you whether you meet the licensing standards. To view the current standards go to www.gov.uk/dvla/fitnesstodrive

More information about alcohol and its affect on health can be found at:
https://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx

NAME:	DOB:	REF:
DRIVER NUMBER:		

Driver & Vehicle
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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:
	DRIVER NUMBER:	

Driver & Vehicle Licensing Agency

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 this page (6) for future reference.

Find out about DVLA's online services

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