



PART A: ABOUT YOU

Please complete this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title _____ Full name _____

Full address _____

Postcode _____ Date of birth _____

NHS number _____ Driver number _____
(If known)

Mobile number _____ Home number _____
(Optional) *(Optional)*

Email _____
(Optional)

PART B: HEALTHCARE PROFESSIONAL DETAILS

Please provide the details of the GP and Consultant you have seen for this condition

IMPORTANT: You must provide their full name and address, or the form will be returned to you, delaying your application.

GP DETAILS

Full name _____

Surgery _____

Full address _____

Postcode _____ Phone number _____

Email _____
(If known)

Date last seen by GP for this condition _____

CONSULTANT DETAILS

Title _____ Full name _____

Department _____

Full hospital address _____

Postcode _____ Phone number _____

Email _____
(If known)

Date last seen by consultant for this condition _____

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

Please answer **ALL** questions, or your case will be delayed

1. Please give the name of your medical condition(s)

2. Please give the approximate date of diagnosis.

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

3. a) Was your condition caused by an illness?

Yes No

If yes, please give full details: _____

b) Was your condition caused by an accident?

Yes No

If yes, please give full details: _____

c) Was your condition caused by a head injury?

Yes No

If yes, please visit www.gov.uk/health-conditions-and-driving to download and complete a B1 medical questionnaire and send it to DVLA. Alternatively, upon receipt of this questionnaire we will send you a B1 questionnaire for completion.

d) Was your condition related to alcohol?

Yes No

If yes, please give full details: _____

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4. Please describe how the condition affects you:

a) when driving _____

b) generally _____

5. Has your doctor advised you that you are not currently fit to drive? Yes No

6. Please give the name and dosage of your current medication including eye drops.

Name Of Medication	Dosage	Reason For Taking

7. Does the medication make you drowsy or confused when driving? Yes No

8. Please supply the dates below of any phone, video or face to face consultations for this condition?

	Doctor		Consultant
Date of last contact	<input type="text"/>		<input type="text"/>
Date of next contact	<input type="text"/>		<input type="text"/>

9. Have you had a driving assessment? Yes No

If yes, please enclose a copy of the report

10. Do you need to drive a vehicle fitted with special controls or automatic transmission? Yes No

If you answer no to Q10, you do not need to answer Q10a and 10b.

****If you do need special controls please complete the form overleaf**

a) Have you told us before that you need special controls or automatic transmission? *If yes, please answer Q10b* Yes No

b) Since your last licence was issued have you had any additional controls fitted to your vehicle? Yes No



Special Controls

YOU SHOULD ONLY COMPLETE THIS FORM IF YOU HOLD A FULL DRIVING LICENCE

You have declared that you need to drive a vehicle fitted with special controls or automatic transmission; you must fill in the section below which is relevant to you. The restriction code will be updated onto your record and appear on your licence. Please write to us if your circumstances change. We can change, add or remove the codes.

You will also need to return your current driving licence (if you have not already done so). If you hold provisional entitlement or you are applying for a provisional licence, if special controls are needed then these will be added when you pass your driving test.

SPECIAL VEHICLE CONTROLS: (applies to cars and if appropriate, lorries and buses)

If you tick **78**, there is normally no need to tick **10** (modified Transmission) or **15** (Modified Clutch).

If you tick **32** (Combined service brake and accelerator systems) or **33** (Combined service brake, accelerator and steering systems), there is normally no need to tick **20** (Modified Braking System) or **25** (Modified Accelerator System).

Section 1a – Car or Bus & Lorry controls

- | | | |
|--|--|--|
| <input type="checkbox"/> 78 -Automatic Transmission
(Do not tick 78 if driven by choice) | <input type="checkbox"/> 10 -Modified Transmission | <input type="checkbox"/> 15 -Modified Clutch |
| <input type="checkbox"/> 20 -Modified Braking System | <input type="checkbox"/> 25 -Modified Accelerator System | <input type="checkbox"/> 31 -Pedal adaptations and pedal safeguards |
| <input type="checkbox"/> 32 -Combined service brake and accelerator systems | <input type="checkbox"/> 33 -Combined service brake, accelerator and steering systems | <input type="checkbox"/> 35 -Modified Control Layouts |
| <input type="checkbox"/> 40 -Modified Steering | <input type="checkbox"/> 42 -Modified Rear View Mirror | <input type="checkbox"/> 43 -Modified Driver Seat |

Section 1b – Motorcycle or Tricycle controls

- | | | |
|--|---|--|
| <input type="checkbox"/> 78 -Automatic Transmission
(Do not tick 78 if driven by choice) | <input type="checkbox"/> 44.01 -Single Operated Brake | <input type="checkbox"/> 44.02 -Adapted front wheel brake |
| <input type="checkbox"/> 44.03 -Adapted rear wheel brake | <input type="checkbox"/> 44.04 -Adjusted accelerator | <input type="checkbox"/> 44.05 -Adjusted manual transmission & clutch |
| <input type="checkbox"/> 44.06 -Adjusted rear view mirror | <input type="checkbox"/> 44.07 -Adjusted commands (lights, indicators etc) | <input type="checkbox"/> 44.08 -Seat height – allows the seated driver to have 2 feet on the surface at once and balance the wheel when stopping/standing |
| <input type="checkbox"/> 44.11 -Adapted foot rest | <input type="checkbox"/> 44.12 -Adapted hand grip | |
| <input type="checkbox"/> 45 -Motorcycle with sidecar only | | |

PLEASE TICK RELEVANT BOX

My licence is not enclosed because:

It has been lost/stolen

It has already been returned to the DVLA

My licence is enclosed

Declaration: I confirm that I need the controls I have indicated above

Signature: _____

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

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 the 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 (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



Note: please complete and return all pages of this medical questionnaire and authorisation form. 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 completed medical questionnaire to the **Drivers Medical Group**

By Post:

Drivers Medical Group,
DVLA,
Swansea.
SA99 1DF

Email: eftd@dvla.gov.uk

Please keep this page for future reference



Find out about **DVLA's online services**

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

