



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 _____



Medical questionnaire – cancer – vocational

If you are unsure of the answers, we advise you to discuss this form with your doctor.
Please answer **ALL** questions or your case may be delayed

1. Your condition

1.1 | Please give details of your diagnosis/condition.

1.2 | Please give the date of diagnosis.

Date of Diagnosis

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1.3 | Have you been advised by your healthcare professional that you are currently unfit to drive Group 1 and/or Group 2 vehicles?

Yes

No

If yes, please indicate

Grp 1

Grp 2

1.4 | Do you have problems with fatigue or weakness that are likely to affect safe driving?

Yes

No

1.5 | Have you undergone treatment for your cancer?

Yes

No

1.6 | As a result of your condition, have you ever suffered from any of the following:

1.7 | Sudden disabling giddiness/dizziness?

Yes

No

If yes, please give details:

Date of last episode

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1.8 | Fainting, blackout or loss of consciousness?

Yes

No

If yes, please give details:

Date of last episode

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C1V

1.9 | Any form of seizure? Yes No

If yes, please give:

Awake Asleep

Date of first seizure

Date of last seizure

2. Your medication

2.1 | Please give the name and dosage of all the current medication prescribed to you.

Name of Medication	Dosage	Reason for taking

2.2 | Does any of your medication affect your ability to drive safely? Yes No

3. Your appointments

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

Doctor Consultant

Date of last contact

Date of next contact

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 have to drive a vehicle with special controls? Yes No

If yes, please indicate what controls you need and complete the “special modifications” form on the next page

C1V

4.3 | Select any modifications that you need to drive a lorry / bus

Modified transmission (10)	<input type="checkbox"/>	Modified clutch (15)	<input type="checkbox"/>	Modified braking system (20)	<input type="checkbox"/>
Modified accelerator system (25)	<input type="checkbox"/>	Pedal adaptations and pedal safeguards (31)	<input type="checkbox"/>	Combined service brake and accelerator systems (32)	<input type="checkbox"/>
Combined service brake, accelerator and steering systems (33)	<input type="checkbox"/>	Modified control layouts (35)	<input type="checkbox"/>	Modified steering (40)	<input type="checkbox"/>
Modified rear view mirror (42)	<input type="checkbox"/>	Modified driver seat (43)	<input type="checkbox"/>		

4.4 | Select any modifications that you need to drive a motorcycle, moped or tricycle

Single operated brake (44.01)	<input type="checkbox"/>	Adapted front wheel brake (44.02)	<input type="checkbox"/>	Adapted rear wheel brake (44.03)	<input type="checkbox"/>
Adjusted accelerator (44.04)	<input type="checkbox"/>	Adjusted manual transmission and clutch (44.05)	<input type="checkbox"/>	Adjusted rear view mirror (44.06)	<input type="checkbox"/>
Adjusted commands (light, indicators etc.) (44.07)	<input type="checkbox"/>	Seat height (allows the driver to have two feet on the surface at once and balance the wheel when stopping /standing) (44.08)	<input type="checkbox"/>	Adapted foot rest (44.11)	<input type="checkbox"/>
Adapted hand grip (44.12)	<input type="checkbox"/>	Motorcycle with sidecar only (45)	<input type="checkbox"/>		

If you have ticked any of the above you will need to return your driving licence with this completed form



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 two 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

