



**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 \_\_\_\_\_

**When notifying DVLA of a heart condition it is important that you provide the correct name of any device you may have fitted. Providing DVLA with the wrong information can affect our decision about your licence.**

**Below is a list of the more common devices which may assist you when completing the questionnaire.**

### **Pacemakers**

A pacemaker is a small electrical device fitted in the chest or abdomen. It's used to treat some abnormal heart rhythms (arrhythmias) that can cause your heart to either beat too slowly or miss beats.

### **Implantable Cardioverter Defibrillator (ICD)**

An ICD is placed under the skin just below the collarbone to monitor your heart rate through thin wires connecting electrodes to your heart. An ICD is a small electrical device that constantly monitors your heart rhythm through the electrodes and treats dangerous abnormal heart rhythms when they occur.

### **Cardiac resynchronisation therapy with a pacemaker (CRT-P)**

Also known as bi-ventricular pacing. This treatment involves having a pacemaker with three leads called a bi-ventricular pacemaker. CRT-P can help your heart to pump more efficiently which can improve your symptoms.

### **Cardiac resynchronisation therapy with a defibrillator (CRT-D)**

This treatment involves having a single device that combines a bi-ventricular (three-lead) pacemaker and an ICD. It's used for people with heart failure who might also be at risk of developing fast, life threatening heart rhythms.

### **Ventricular assist device (VAD)**

A VAD is a mechanical pump that helps pump blood out of the heart to the rest of the body. Some pumps are meant for short-term support (a few days or weeks), while others can be used for several months, or sometimes even years. The device is intended to be used for a limited period and is removed when you receive a donor heart. Having a VAD fitted requires open-heart surgery.



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

## 1 Your Heart Condition(s)

### 1.1 | What is your condition?

- |   |   |
|---|---|
| <input type="checkbox"/> Aortic aneurysm  | <input type="checkbox"/> Arrhythmia                   |
| <input type="checkbox"/> Aortic stenosis  | <input type="checkbox"/> Congenital heart disease     |
| <input type="checkbox"/> Heart failure    | <input type="checkbox"/> Atrial fibrillation          |
| <input type="checkbox"/> Brugada Syndrome | <input type="checkbox"/> Long QT Syndrome             |
| <input type="checkbox"/> Heart transplant | <input type="checkbox"/> Other heart condition: _____ |

### 1.2 | Have you been advised by your healthcare professional that you should stop driving due to your heart condition?

- Yes  No

### 1.3 | Are you suffering from symptoms that would affect safe driving?

*e.g. shortness of breath, chest pains, palpitations etc*

- Yes  No

### 1.4 | Has your heart condition caused any sudden and disabling dizziness or fainting within the last 12 months?

- Yes  No → Go to 1.6

### 1.5 | If yes, please give the date of the:

First episode    Last episode

### 1.6 | Do you currently have a pacemaker implanted?

(!) A pacemaker is not an Implantable Cardioverter Defibrillator (ICD). If you are unsure, contact your healthcare professional for advice.

- Yes  No → Go to 2

### 1.7 | If yes, please give the date of implantation

Date

# H1

**1.8 | If yes, was your pacemaker fitted to prevent sudden attacks of dizziness or fainting?**

Yes

No → Go to 1.10

**1.9 | If yes, have the attacks been controlled since the pacemaker was implanted?**

Yes

No

**1.10 | Do you agree:**

1. To attend for regular checks of your pacemaker by a clinic supervised by a consultant cardiologist.
2. To accept the advice of your doctor/cardiologist with regards to any treatment required for your heart condition for the duration of your licence.
3. To notify DVLA if you suffer any sudden attacks of disabling giddiness/fainting or blackouts or any other medical condition which may affect safe driving.

*Information on check-ups and treatment will be provided by your cardiologist or a clinic supervised by a cardiologist*

Yes

No

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

Date of last contact 

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 Doctor

Date of last contact 

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 Consultant

Date of next contact 

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Date of next contact 

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## 2 Aortic aneurysm

**Only answer this question if you have an aortic aneurysm**

**2.1 | What size is your aneurysm?**

Less than 6 cm     6 cm – 6.4 cm     6.5 cm or more     Don't know

**2.2 | Has your aneurysm been repaired?**

Yes

No



### 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 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](mailto: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](http://www.gov.uk/browse/driving)

