



**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:**

# Medical questionnaire – neurodevelopmental

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

1. What driving licence do you currently hold?      Provisional       \*Full       None

a) If you hold a full car or motorcycle (group 1) driving licence, has your condition got worse since passing your test?

Yes       No

2. Do you or your healthcare professional think your condition may affect safe driving?

Yes       No

**\*If you hold a full car or motorcycle (group 1) driving licence and your healthcare professional thinks your condition will not affect safe driving, you don't need to answer the rest of the questions on this form.**

3. Please tell us which condition(s) you have been diagnosed with below (Put X in all boxes that apply)

- Attention deficit hyperactivity disorder (ADHD)
- Attention deficit disorder (ADD)
- Autistic spectrum condition
- Global development delay
- Severe learning disability
- Tourette's syndrome
- Other neurological developmental condition

Please specify \_\_\_\_\_

4. Do you have a healthcare professional who supports you with your condition?

Yes       **No  Go to Q5**

a) If yes, who supports you?

GP       Consultant       Other please specify \_\_\_\_\_

# A1

5. Do you have any of the following issues which would impact safe driving? (Put X in all boxes that apply)

Memory/Learning   
for example, the ability to remember or learn information.

Visual processing   
for example, the ability to understand and interpret information that is seen.

Distressed behaviour   
for example, difficulty controlling emotional responses when anxious, annoyed, or frustrated which may lead to verbal or physical agitation.

6. As a result of your condition, do you have any problems with your limbs that affect your ability to control your vehicle safely?

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 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

**Electronically – 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)

