



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 – vision

1 Your vision condition(s)

1.1 | What is your vision condition?

Tick all that apply

Blepharospasm

Diabetic Retinopathy (with laser treatment)

Glaucoma

Nyctalopia (Night Blindness)

Retinitis Pigmentosa

Double Vision (Diplopia) **complete section 3**

Other vision condition(s):

1.2 | How many functioning eyes do you have?

A 'functioning eye' means that you have sight in that eye.

One

Two

1.3 | Which eye does your condition affect?

Both eyes

Left eye

Right eye

1.4 | Have you ever had laser treatment for an eye condition?

Do not include surgery for long/short sightedness or cataracts

No → go to 2

Yes, in one eye

Yes, in both eyes

1.5 | If yes, have you told us about your most recent laser treatment?

Yes

No

V1

2 Field of vision

2.1 | Has a consultant or eye specialist said you have a problem with your field of vision?

Do not include long or short sightedness

Yes

No → go to 3

2.2 | If yes, is your visual field problem caused solely by an eye condition?

Yes → Go to 3

No

2.3 | If no, is your visual problem caused by any of the following?

Brain tumour

Head injury

Stroke

Other (please specify) _____

3 Double vision (Diplopia)

3.1 | Do you have double vision?

Yes

No → Go to 4

3.2 | How is your double vision (diplopia) controlled?

Patch / Prism / Frosted
glasses / Lenses

Other

Not controlled

3.3 | Have you ever seen an eye specialist about your double vision (diplopia)?

Yes

No

3.4 | Have you had contact (by phone, video, or face to face consultation) with your eye specialist about your double vision (diplopia) in the last 12 months?

Yes

No

V1

3.5 | You must confirm you've read and understood the following information on double vision

Information: double vision

It can take 3 months or more for you to adapt to driving wearing a patch, prism, frosted glasses or lenses because:

- your ability to judge distances may be affected
- you may not be so aware of objects each side of you

Do not drive until your doctor or optician advises you've fully adapted to wearing a patch, prism, frosted glasses, or lenses.

I have double vision and confirm I've read and understood the above information (tick)

4 Standards of vision for driving

4.1 | Do you meet the minimum eyesight standard for driving?

Minimum eyesight standard for driving

1. You must be able to read (with glasses or contact lenses, if necessary) a car number plate, made after 1 September 2001, from 20 metres.
2. You must not have been told by a doctor or optician that your eyesight is currently worse than 6 /12 (decimal 0.5) on the Snellen scale

Yes

No

Yes, with glasses or corrective lenses



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 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:

efd@dvla.gov.uk

Please keep this page for future reference



Find out about DVLA's online services
Go to: www.gov.uk/browse/driving