



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 – vocational

If you are unsure of how to answer these questions, you can discuss the form with your doctor or optician

Please answer **all** questions:

1. a) Can you read a number plate from 20 metres in good light with glasses or contact lenses if worn? Yes No
- b) Has your doctor or optician advised you that your eyesight **does not currently** meet the minimum standard for driving? Visual acuity of 6/12 (0.5) or better may be achieved with the aid of glasses or contact lenses if necessary. Yes No
- c) Has your doctor or optician advised you that your eyesight **does not currently** meet the minimum standard for vocational driving? Your visual acuity must be of at least 6/7.5 (0.8) in the better eye and at least 6/60 (0.1) in the other eye. This may be achieved with glasses or contact lenses if necessary. Yes No
2. a) Do you need to wear glasses or contact lenses to meet the minimum eyesight standard when you drive cars or motorcycles? Yes No
- b) Do you need to wear glasses or contact lenses to meet the legal eyesight standard to drive a bus or lorry? Yes No
3. Do you have total loss of sight in one eye, monocular vision? Yes No
- a) If yes, please give date of loss:

MM	YY
4. Do you have any of the eyesight conditions listed below affecting either eye? If yes, please tick appropriate box(es) below Yes No
- | | Right | Left | | | | |
|--|--------------------------|--------------------------|--|--|--|--|
| a) Retinitis Pigmentosa | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| b) Glaucoma | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| c) Laser treatment in either eye for diabetic eye disease or another eye condition? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| If yes, please give the date of your last laser treatment: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">MM</td><td style="text-align: center;">YY</td></tr><tr><td style="width: 40px; height: 20px;"></td><td style="width: 40px; height: 20px;"></td></tr></table> | MM | YY | | | | |
| MM | YY | | | | | |
| | | | | | | |
| d) Macular degeneration | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| e) Cataracts with an intolerance to glare (difficulty seeing in the presence of bright light) | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
- You do not need to tell us if you have cataracts without intolerance to glare, or if you have had successful surgery to remove cataracts.*

VIV

5. Do you have any other medical condition not specified at question 4 affecting either eye. Yes No

a) If yes, which eye is affected Right Left

b) If yes, please give details _____

6. Has your doctor or optician ever told you that you have a visual field defect? (Do not include long or short sightedness) Yes No

7. Do you have double vision (diplopia)? Yes No

a) If yes, do you ensure any double vision is suppressed or controlled when driving? Yes No

b) Please tick in the box below how the double vision is controlled

Patch or glasses with a frosted lens?

Glasses with a prism?

Other

If you have ticked "Other" please specify _____

8. Please give details of all medication taken by you including eye drops

NAME OF MEDICATION	DOSAGE	REASON FOR TAKING

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

DOCTOR		
DD	MM	YY
Date of last contact	<input type="text"/>	<input type="text"/>
Date of next contact	<input type="text"/>	<input type="text"/>

CONSULTANT		
DD	MM	YY
Date of last contact	<input type="text"/>	<input type="text"/>
Date of next contact	<input type="text"/>	<input type="text"/>

10. What was the date of your last eye examination? DD MM YY



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:

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

