



**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:** \_\_\_\_\_

**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 driving 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. (Usually used in the treatment of heart failure).

### **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 from the heart to the rest of the body. It's a treatment for weakened heart or heart failure. Some pumps are meant for short-term support (a few days or weeks), whilst waiting for other treatments, such as heart transplant, while others can be used for longer periods of time/long-term treatment. If the device is intended to be used for a limited period, for example, whilst waiting for heart transplant, it's removed after the transplant or definitive treatment. Having a VAD fitted requires open-heart surgery.



# Medical questionnaire – heart

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

**1** What is your condition?

Aortic aneurysm	<input type="checkbox"/>	Aortic stenosis	<input type="checkbox"/>
Abnormal heart rhythm (arrhythmia)	<input type="checkbox"/>	Atrial Fibrillation	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>
Heart failure	<input type="checkbox"/>	Heart transplant	<input type="checkbox"/>
Long QT Syndrome	<input type="checkbox"/>	Other heart condition	<input type="checkbox"/>

a) If any other heart condition, please tell us the name of your condition: \_\_\_\_\_

**Only answer 1b & 1c if you have an Aortic aneurysm**

**b)** What size is your aneurysm?

Less than 6 cm       6 cm – 6.4 cm       6.5 cm or more

Don't know

**c)** Has your aneurysm been repaired?

Yes       No

**2** Are you suffering from symptoms that would affect safe driving?

For example, shortness of breath, chest pains, palpitations etc

Yes       No  → **Go to Q3**

**a)** Have you currently been advised by your healthcare professional that you should stop driving due to the above symptoms?

Yes       No

**3** Has your heart condition caused any sudden and disabling dizziness, fainting or blackouts within the last 12 months?

Yes       No  → **Go to Q4**

**a)** If yes, please tell us the date:

	DD	MM	YY		DD	MM	YY
First episode	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last episode	<input type="text"/>	<input type="text"/>	<input type="text"/>

# H1

b) If yes, have any steps been taken to control these symptoms?

Yes  No

4 Do you currently have a pacemaker implanted?

A pacemaker is not an Implantable Cardioverter Defibrillator (ICD)

Yes  No  → Go to Q5

a) If yes, please tell us the date of implantation.

DD MM YY

b) Was your pacemaker fitted to prevent sudden attacks of dizziness or fainting?

Yes  No  → Go to Pacemaker declaration

c) If yes, have the attacks been controlled since the pacemaker was implanted?

Yes  No

## Pacemaker declaration

**You must confirm you've read and understood the following information**

As a driver with a pacemaker fitted, I agree to:

- attend regular pacemaker checks with my healthcare professional
- follow the advice of my healthcare professional about the treatment for my heart condition
- notify DVLA if I suffer any sudden attacks of disabling giddiness, fainting or blackouts

Put 'X' in the box if you agree with the following statement

**"I have a pacemaker implanted and I agree to comply with the above conditions if I am issued with a car or motorcycle (group 1) driving licence"**

5 Please tell us the dates below of any phone, video, or face to face consultations for this health condition?

### DOCTOR/CLINICIAN

DD MM YY

Date of last contact

Date of next contact

### CONSULTANT

DD MM YY

Date of last contact

Date of next contact



**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)

