Driver & Vehicle Licensing Agency

VOCH1

VOCH1
Rev May 24

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

Cardiac resynchronisation therapy with a pacemaker (CRT-P)

Also known as bi-ventricular pacing. This treatment involves having a pacemaker with 3 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 (3-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.

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Medical questionnaire cardiac - vocational

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

1 Please indicate what type of heart or other cardiovascular problems you have and tell us the date of diagnosis or treatment. Put X in all boxes that apply and provide the most recent date.

a) Angina ☐ Last attack DD MM YY

b) Heart attack (myocardial infarction) or acute coronary syndrome ☐ Last attack DD MM YY

c) Angioplasty/stent ☐ Procedure date DD MM YY

d) Heart by-pass surgery (CABG) ☐ Procedure date DD MM YY

e) Abnormal heart rhythm (arrhythmia) including atrial fibrillation ☐

- Has the above condition caused any sudden and disabling giddiness/fainting or blackout within the last 12 months? Yes ☐ No ☐
- If yes, please provide the date of the latest episode DD MM YY
- If yes, has this been controlled? Yes ☐ No ☐

f) Pacemaker ☐ Date implanted DD MM YY

Are you now free of the symptoms that caused the device to be fitted? Yes ☐ No ☐

g) Cardiac Resynchronisation Therapy Pacemaker device (CRT-P) been implanted to improve heart failure ☐ Date implanted DD MM YY

If you have a pacemaker or CRT-P, proceed to the pacemaker declaration below

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) and lorry or bus (group2) driving licence" ☐

h) Catheter ablation ☐ Procedure date DD MM YY

i) Defibrillator (ICD/CRT-D) ☐ Date implanted DD MM YY

j) Peripheral arterial vascular disease (PVD) ☐ Date last seen DD MM YY

k) Aortic aneurysm ☐ Date last seen DD MM YY

Please confirm the most recent measurement of your aneurysm (if known)

Less than 4cm ☐ 4cm – 5.5cm ☐ 5.6cm or more ☐ Don't know ☐

Has your aneurysm been repaired? Yes ☐ No ☐

If you have an aortic aneurysm, proceed to the declaration below

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

As a driver with an aortic aneurysm, I agree to:

- attend yearly imaging checks under the care of a consultant cardiologist
- follow the advice of my healthcare professional about the treatment for my heart condition
- notify DVLA if I develop any other health condition which may impact my ability to drive safely

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

"I have an aortic aneurysm and I agree to comply with the above conditions if I am issued with a car or motorcycle (group 1) and lorry or bus (group 2) driving licence" ☐

l) Aortic dissection ☐ Date last seen DD MM YY

m) Heart failure ☐ Date last seen DD MM YY

Are you suffering from symptoms that would affect safe driving? Yes ☐ No ☐
E.G., shortness of breath, chest pains, palpitations.

n) Implanted cardiac assist device (VAD) ☐ Date implanted DD MM YY

o) Hypertrophic cardiomyopathy ☐ Date last seen DD MM YY

p) Other cardiomyopathies ☐ Date last seen DD MM YY

Please provide details: _____

q) Brugada syndrome ☐ Date last seen DD MM YY

r) Long QT syndrome ☐ Date last seen DD MM YY

s) High blood pressure (Hypertension) ☐

- Is it well controlled (under 180/100 mm/Hg) Yes ☐ No ☐
- Please confirm your latest blood pressure reading (if known) ☐/☐

t) Malignant hypertension ☐ Date last seen DD ☐☐ MM ☐☐ YY ☐☐

u) Any other heart condition(s). Please provide details: _____

_____

2 Would you be able to walk at brisk pace for 9 minutes? Yes ☐ **➔ Go to Q3** No ☐

a) If no, please tell us why: _____

3 Please tell us your current: Height ☐☐☐ Weight ☐☐☐

4 Please tell us the details of your current cardiac medication:

Name of medication	Dosage

5 Please indicate the type of cardiac investigations or procedures you have undergone or are waiting for. Put X in all boxes that apply and provide the most recent date attended.

a) Coronary angiography ☐ DD ☐☐ MM ☐☐ YY ☐☐

b) Echocardiogram ☐ DD ☐☐ MM ☐☐ YY ☐☐

c) Exercise test or treadmill test ☐ DD ☐☐ MM ☐☐ YY ☐☐

- Tell us how long you exercised for to the nearest minute (if known): _____

d) Myocardial perfusion scan/stress echo/ cardiac MRI ☐ DD ☐☐ MM ☐☐ YY ☐☐

e) Other ☐ DD ☐☐ MM ☐☐ YY ☐☐

- If other, please tell us the details: _____

_____

_____

Driver & Vehicle Licensing Agency

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. If not, DVLA will continue to contact you by post. **Email** ☐ **SMS (text)** ☐

If you would like to be contacted about your application by email or text message (SMS) by a healthcare professional acting on behalf of DVLA, please tick the appropriate boxes. If not, you'll be contacted by post.

Email ☐ **SMS (text)** ☐

Driver & Vehicle Licensing Agency

Note: there will be a delay with your case if you do not give us all the information we need, including the full name, address and telephone number of your healthcare professional.

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

By email:

eftd@dvla.gov.uk

Please keep this page for future reference.