Driver & Vehicle Licensing Agency

CG1

CG1
Rev Oct 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 personal 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:

Specialty: Department:

Hospital name:

Address:

Town:

Postcode:

Contact number:

Email:

Date last seen for this condition:

Driver & Vehicle Licensing Agency

CG1

CG1

Rev Oct 25

Cognitive impairment – self declaration

Before a decision can be made about your fitness to drive, you may be asked to go for a driving assessment. A driving assessment is a clinical and practical assessment of your driving and the effect, if any, your condition has on your ability to drive safely.

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

Your condition

1 Have you, your family or healthcare professionals noticed a change in your memory?

Yes ☐ No ☐

2 Have you seen a healthcare professional, asked for advice, or been diagnosed with problems in relation to your memory? Put an '**X**' in the box that applies.

Dementia ☐

Alzheimer's disease ☐

Cognitive impairment ☐

Awaiting diagnosis ☐

You can choose to give up (voluntarily surrender) your driving licence if your medical condition affects your ability to drive safely, or you don't meet the medical standards of fitness to drive.

If you decide not to give up your driving licence, you will need to complete this medical questionnaire. The DVLA will then carry out medical checks to see if you can continue driving.

3 Would you like to surrender your driving licence or withdraw your application at this stage?

Yes, I want to surrender/withdraw ☐

Signed: _____ Date: Day ☐☐ Month ☐☐ Year ☐☐☐☐

If you answer **'Yes'**, you do not need to complete the rest of the form. Please make sure to include your driving licence when you return this form.

No, I don't want to surrender/withdraw ☐ **If 'No' go to Q4**

CG1

Your symptoms

4 Do you need help from another person with your day to day living because of problems with your memory?

Yes ☐ No ☐ **If 'No' go to Q5**

4a If **'Yes'**, what do you need help with? Put an '**X**' in all boxes that apply.

Using household appliances ☐

Paying bills ☐

Remembering to take medication ☐

5 Do you need help when driving?

Yes ☐ No ☐ **If 'No' go to Q6**

5a If **'Yes'**, what do you need help with? Put an '**X**' in all boxes that apply.

Assistance with parking ☐

Using windscreen wipers, indicators, lights ☐

Selecting the correct gear ☐

Directions in a familiar place ☐

Understanding road signs ☐

Remembering where you have parked ☐

6 Have you had an on-road driving assessment in the last 12 months?

Yes ☐ No ☐

If **'Yes'**, and you have a copy, please enclose it with this form.

Healthcare professional

7 Who was the last healthcare professional you saw for this condition (any phone, video, or face to face consultation)?

GP ☐ Consultant ☐ Nurse or dementia specialist ☐

7a Please tell us the date of your last contact with that healthcare professional:

Day	Month	Year

7b Which healthcare professional are you due to see at your next appointment for this condition (any phone, video, or face to face consultation)?

GP ☐ Consultant ☐ Nurse specialist ☐

7c Please tell us the date of your next appointment:

Day	Month	Year

Driver & Vehicle Licensing Agency

Rev Mar 25

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 the 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 via electronic channels (email) **Yes** ☐ **No** ☐

If you would like to be contacted about your application by email or text message (SMS) by a healthcare professional acting on behalf of the DVLA please tick the appropriate boxes below.
If no boxes are ticked, you will be contacted by post.

Email ☐ **SMS (Text)** ☐

If you would like to be contacted about your application by email or text message (SMS), please tick the appropriate boxes. If no boxes are ticked, DVLA will continue to contact you by post.

Email ☐ **SMS (Text)** ☐

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Agency

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.