



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:
Speciality: Department:
Hospital name:
Address:
Town:
Postcode:
Contact number:
Email:
Date last seen for this condition:



Vision self declaration

If you are unsure of how to answer these questions, you can discuss the form with your healthcare professional or optician/optometrist

If your vision condition has been caused by one of the following health conditions, you will need to fill in the medical questionnaire stated below:

- Brain tumour- BT1V
- Head injury- B1V
- Stroke/TIA- STR1V
- Myasthenia Gravis-CN1V

You can download these forms from www.gov.uk/driving-medical-conditions

Important- Regular eyesight tests will give reassurance that you still meet the legal standards for driving (see www.gov.uk/driving-eyesight-rules). If you don't meet the vision standards and are involved in an accident, you could be prosecuted, and your motor insurance will be invalid.

Question 1

Eyesight standards

- a) Can you read a number plate from 20 metres with glasses or corrective lenses if worn? **Yes** **No**
- b) Has your healthcare professional or optician/optometrist advised you that your eyesight **does not currently** meet the minimum standard for driving? Visual acuity of 6/12 (decimal 0.5 on Snellen scale - letter chart you read at the opticians) or better may be achieved with the aid of glasses or corrective lenses if necessary. **Yes** **No**
- c) Has your healthcare professional or optician/optometrist advised you that your eyesight **does not currently** meet the minimum standard for lorry and bus (group 2) driving? Your visual acuity must be of at least 6/7.5 (decimal 0.8 on Snellen scale) in the better eye and at least 6/60 (decimal 0.1 on Snellen scale) in the other eye. This may be achieved with glasses or corrective lenses if necessary. **Yes** **No**

Question 2

- a) Do you need to wear glasses or corrective lenses to meet the legal eyesight standard to drive cars or motorcycles (group 1)? **Yes** **No**
- b) Do you need to wear glasses or corrective lenses to meet the legal eyesight standard to drive lorry or buses (group 2)? **Yes** **No**

Question 3

Do you have vision in both eyes? (Do not include long or short sightedness).

Yes → go to Q4

No

V1V

Question 3 continued

- a) If **'No'** and you have vision in one eye (monocular) please tell us which eye
Left eye only Right eye only
- b) How long have you had vision in one eye?
Since birth or childhood
As a result of a health condition, accident or injury
- c) **Vision in one eye (monocular) declaration**

As you only have vision in one eye, please confirm that you have adapted to vision in one eye and have not been advised otherwise by your healthcare professional or optician/optometrist

Yes, I have been advised by my healthcare professional or optician/optometrist that I have fully adapted to having vision in only one eye.

No, I have not been advised by my healthcare professional or optician/optometrist that I have fully adapted to having vision in only one eye.

Question 4

Have you been told by your healthcare professional, or optician/optometrist that you have a problem with your field of vision?

(Your field of vision is the total area you can see when looking straight ahead, including side vision.)

Yes

No → go to Q5

- a) If **'Yes'** is your visual field problem caused solely by an eye condition?

Yes → go to Q5

No

- b) If **'No'** is your visual problem caused by any of the following?

Brain tumour

Head injury

Stroke

Other

If **'Other'** please tell us the details _____

Question 5

Do you have glaucoma?

Yes

No → go to Q6

- a) If **'Yes'** which eye(s) are affected by glaucoma?

Both eyes

Left eye

Right eye

Question 6

Do you have retinitis pigmentosa?

Yes

No → go to Q7

a) If 'Yes' which eye(s) are affected by retinitis pigmentosa?

Both eyes

Left eye

Right eye

Question 7

Have you had laser treatment? (Do not include any treatment for long/short sightedness or cataracts).

Yes

No → go to Q8

a) If 'Yes' please tell us the date of your first treatment

Left eye

Right eye

b) If 'Yes' please tell us the date of your last treatment

Left eye

Right eye

Question 8

Do you have blepharospasm?

Yes

No → go to Q9

a) If 'Yes' which eye(s) are affected by blepharospasm?

Both eyes

Left eye

Right eye

b) Have you had any treatment for your blepharospasm?

Yes

No

c) Is your healthcare professional or optician/optometrist satisfied that your blepharospasm is adequately controlled?

Yes

No

Question 9

Do you have night blindness (nyctalopia)?

Yes

No → go to Q10

a) If 'Yes' which eye(s) are affected by night blindness

Both eyes

Left eye

Right eye

Question 10

Do you have double vision (diplopia)?

Yes

No → go to Q11

a) If 'Yes' is it controlled?

Yes → go to Q10c

No

Question 10

b) If 'No', has your double vision been the same for 6 months or more? Yes No

c) How is your double vision controlled?
Patch, frosted glasses or lenses Prism
Surgery Botox Injections
Other treatment
If 'Other' please tell us the details below

d) Have you ever seen a healthcare professional or optician/optometrist about your double vision? Yes No

e) Have you had contact (by phone, video or face to face consultation) with your healthcare professional or optician/optometrist about your double vision in the last 12 months? Yes No
If 'Yes', please tell us the details _____

f) **Double vision declaration**

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

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

You should not drive until you have been advised by your healthcare professional or optician/optometrist that you have fully adapted to wearing a patch, prism, frosted glasses or lenses.

Note: Patches and frosted lenses are not permitted for lorry or buses (group 2 driving). This declaration may only apply for cars or motorcycles (group 1) standards only.

Please put an 'X' in the box to confirm that you have read and understood the information above

Signature: _____

DD MM YY

Question 11

Do you have another vision condition that you have not already told us about?

Yes No →go to Q12

a) If 'Yes' please tell us the condition(s) and which eye(s) affected below:

Question 12

Have you had any contact (by telephone, video or face to face), with your doctor or eye specialist about your vision condition in the last 12 months?

Yes

No

a) If **'Yes'** please tell us the date of this contact

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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)



Driver & Vehicle
Licensing
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.



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