Confidential medical information

H1 ONLINE
(Rev Apr 12)

PART A: ABOUT YOU

Please answer the questions on this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title: (Mr, Mrs, Miss, Other?) Surname: Date of Birth:

First Name(s): Driver No:

Address:

Postcode

Telephone Number(s):
Home
Mobile

Email

PART B: ABOUT YOUR GP AND YOUR CONSULTANT

GP's Name and Address

Dr:

Postcode:

Consultants Name and Address

Title:

Postcode:

TEL No: *(Including dialling code)*

TEL No: *(Including dialling code)*

Date last seen by GP
(For this condition)

Date last seen by Consultant
(For this condition)

If you have more than one consultant, please give their name and address on a separate sheet.

GP email address *(if known)*

Consultants email address *(if known)*

Hospital number *(if known)*

PART C: Please give details of other clinics you are attending below

Name of clinic	Reason for attendance	Date last seen

If you are unsure how to answer any of the questions, we advise you to discuss your answers with your Doctor before returning the questionnaire to DVLA

1. Do you have any heart or heart related condition that your Doctor/Consultant has advised you to notify DVLA about? YES ☐ NO ☐

   If **YES**, what is the condition(s)? _____

2. Has your **heart condition** caused any **sudden** and **disabling** dizziness or fainting within the last 12 months? YES ☐ NO ☐

   If **YES**, please give **the date** **DD** ☐☐ **MM** ☐☐ **YY** ☐☐

3. Do you currently have a pacemaker implanted? YES ☐ NO ☐

   If **YES**, please give the date the device was implanted. **DD** ☐☐ **MM** ☐☐ **YY** ☐☐

a) Was the pacemaker implanted to prevent sudden attacks of dizziness or fainting? YES ☐ NO ☐

If **YES**:

b) Have the attacks been controlled since the pacemaker was implanted? YES ☐ NO ☐

For applicants or licence holders with a pacemaker.

Drivers with a pacemaker who can meet the standards of medical fitness to continue to drive may be issued with an ordinary (Group 1- car/ motorbike) licence without the need for regular medical review by DVLA, provided you agree to or can meet all the following:

i. To attend for regular checks of your pacemaker by a clinic supervised by a consultant cardiologist.
ii. To accept the advice of your doctor/cardiologist with regards to any treatment required for your heart condition during the duration of your licence.
iii. To notify DVLA if you suffer any sudden attacks of disabling giddiness/fainting or blackouts or any other medical condition which may affect safe driving
iv. Your licence does not require regular review for any other medical condition

If you have a pacemaker implanted, can satisfy all of the above conditions and you would like a Group 1 licence, please complete the following declaration.

Pacemaker Declaration
"I have a pacemaker implanted and I agree to comply with the above conditions if I am issued with an ordinary driving licence"

Signed: _____ Date: _____

Consent to the release of medical information

IMPORTANT: Please read the following information carefully and sign and date the statement below and return this consent form with your questionnaire. We cannot proceed with enquiries into your fitness to drive until we receive both your completed questionnaire and consent form

- We have asked you for your consent for the release of medical reports from your doctors as we may require further information.
- As part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment.
- Such personnel might include Doctors, Orthoptists, Paramedical Staff or officers of the Secretary of State. Only information relevant to the assessment of your fitness to drive will be released.
- Where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

All data held by DVLA is used for internal evaluation of the quality of our services.

This section must NOT be altered in any way.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to Doctors, Orthoptists, Paramedical staff or Officers of the Secretary of State.

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 :

Inform my Doctor(s) of the outcome of my case	**YES** ☐	**NO** ☐
Release medical information, discovered during the investigation into my fitness to drive, to my Doctor(s)	**YES** ☐	**NO** ☐

NAME:	DOB:	REF:
DRIVER NUMBER:		

Note: please fill in and return all pages (1-3) of this medical questionnaire and consent/declaration. 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 filled in medical questionnaire to the Drivers Medical Group.

By Post

Drivers Medical Group
DVLA
Swansea
SA99 1DF

By fax

0845 850 0095

Please keep this page (4) for future reference.