



**PART A: ABOUT YOU**

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

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

First Name(s):  Driver No:   
 (if known)

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:   
 Department:   
  
 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, department 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 & Department	Reason for attendance	Date last seen

NAME:  DOB:  REF:   
 DRIVER NUMBER:



### Questionnaire to assess your medical fitness to drive

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

1. Is your hearing good enough to receive information using a telephone, with or without the use of a special appliance? e.g. SMS text      Yes       No

If No:

2. Do you have access to an alternative means of communication in an emergency? e.g. text telephone      Yes       No

NAME:	DOB:	REF:
DRIVER NUMBER:		



**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 personal and 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

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

If you tick either of these options, DVLA will contact you using an external service provider regarding this application only. Your email / mobile details will not passed on to any other Third Parties, or used for marketing purposes.

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**

0300 083 0083

Please keep this page (4) for future reference.

**Find out about DVLA's online services**

**Go to:** [www.gov.uk/browse/driving](http://www.gov.uk/browse/driving)

