Confidential medical information

CG1 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 seen

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(Rev Oct 11)

Questionnaire to assess your Medical Fitness to Drive

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

1. Please give the name of your medical condition or conditions.

2. Please give the name and dosage (the amount you take) of all the current medication taken by you **or** enclose a copy of your repeat prescription counterfoil. **(Continue overleaf if necessary.)**

Name of Medication	Dosage	Reason for Taking

3. Please give the date of your last and next appointment with your doctor or consultant:

	Doctor			Consultant		
	DD	**MM**	**YY**	**DD**	**MM**	**YY**
Date of **last** appointment						
Date of **next** appointment						

4. Does the medication make you drowsy or confused? **YES** ☐ **NO** ☐

5. Do you suffer from significant memory problems? **YES** ☐ **NO** ☐

6. Do you suffer from episodes of confusion? **YES** ☐ **NO** ☐

7. Do you need help from another person with your day to day living? **YES** ☐ **NO** ☐

If YES, please give details of how they help you.

NAME	DOB	REF

8. In the past 12 months have you regularly misused alcohol? **YES** ☐ **NO** ☐

9. In the past 12 months have you taken illicit drugs? **YES** ☐ **NO** ☐

10. Do you need to drive a vehicle fitted with special controls or automatic transmission? **YES** ☐ **NO** ☐

If YES and you hold a full licence, please fill in the form D497 enclosed.
(Please note that you must be able to control your vehicle at ALL times)

D497 ONLINE
(Rev Jun 11)

INFORMATION ABOUT SPECIAL CONTROLS

If you have said that you need special controls or automatic transmission, you must now fill in this D497 form and tell us what controls you need. You will also need to return both parts of your current driving licence if you have not already done so.

You can get advice on special controls from the website
www.direct.gov.uk/disableddrivers and
The Forum of Disabled Drivers' Assessment Centres on
0800 559 3636

YOU NEED ONLY FILL IN THE D497 IF YOU HOLD A FULL DRIVING LICENCE

Important Note for Provisional Applications or Licences

If you hold provisional driving entitlement or are applying for a provisional licence you **DO NOT** need to fill in the D497 form at this time. If you need special controls the specific codes will be updated when you pass your driving test.

SPECIAL VEHICLE CONTROLS (applies to cars and if appropriate, lorries and buses)
If you tick 78, there is normally no need to tick 10 or 15.
If you tick 30, there is normally no need to tick 20 or 25.

SPECIAL VEHICLE CONTROLS (for cars, buses and lorries)
Please tick the relevant box(es)

Automatic transmission (Do **NOT** select this option if you drive automatic vehicles through choice)	**(78)**	☐
Modified transmission (gearbox)	**(10)**	☐
Modified clutch	**(15)**	☐
Modified braking system	**(20)**	☐
Modified accelerator system	**(25)**	☐
Combined braking and accelerator systems	**(30)**	☐
Modified control layouts (e.g. lights, switches, wipers)	**(35)**	☐
Modified steering (If power steering is essential to help overcome a disability please tick this box)	**(40)**	☐
Modified rear view mirror(s)	**(42)**	☐
Modified driver seat	**(43)**	☐

PLEASE TURNOVER TO FILL IN THE REST OF THIS FORM

NAME	DOB	REF

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SPECIAL CONTROLS FOR MOTORCYCLES

Please tick the relevant box(es)

Single operated brake	**(44 1)**	☐
Adjusted hand operated brake (front wheel)	**(44 2)**	☐
Adjusted foot operated brake (back wheel)	**(44 3)**	☐
Adjusted accelerator handle	**(44 4)**	☐
Adjusted manual transmission and clutch	**(44 5)**	☐
Adjusted rear view mirror(s)	**(44 6)**	☐
Adjusted commands (indicators, braking lights etc)	**(44 7)**	☐
Seat height allowing the driver, in sitting position, to have 2 feet on the road at the same time	**(44 8)**	☐
Only with sidecar	**(45)**	☐

The number in brackets is the E.C. code which will appear on your licence.
Please write to us if your circumstances change. We can change or remove codes.

Please tick the relevant box

My current licence is enclosed ☐

My current licence has been sent to DVLA ☐

My current licence is not enclosed ☐ Please explain why.

DECLARATION

I confirm that I need the controls I have indicated.

Signature: _____ Date: _____

NAME	DOB	REF

CONSENT

Please read the following information carefully and then sign the statement below. This section MUST be completed and must NOT be altered in any way.

Important information about Consent

You will see that we have asked you for your consent for the release of medical reports from your doctors as we may require further information. In addition, as a 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 at eye clinics or Paramedical Staff at a Driving Assessment centre. Only information relevant to the assessment of your fitness to drive will be released.

In addition, 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.

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, Paramedical staff and 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 :

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 Doctor(s) **YES** ☐ **NO** ☐

Electronic Release of Information

DVLA is able to communicate by fax and by e-mail. We can use it to request medical information from your doctor(s). We can also use it to receive relevant medical information sent by your Doctors, Orthoptists or relevant personnel associated with any medical enquiry, medical examination or practical assessment that may be required.

All information held by DVLA is treated with strict confidentiality. E-mails with personal information will be sent by DVLA to medical professionals only where a secure network is available. The security of the electronic transmission of information over the Internet cannot be guaranteed and DVLA cannot accept responsibility for e-mails or faxes sent by others, until they have been received by us. If you do not wish DVLA to communicate in this way or if we are unable to do so, conventional postage methods will be used instead. Should you wish to withdraw your agreement to communicate electronically by fax or e-mail at a later date such a request should be made by you in writing.

Do you agree to DVLA communicating with your Doctors, Orthoptists or relevant personnel by fax and e-mail? **YES** ☐ **NO** ☐

NAME	DOB	REF

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 fax

0845 850 0095

By Email

DVLA will always treat the information you send with the strictest confidence. However, as the security of the internet cannot be guaranteed, DVLA will be unable to send e-mails which contain personal information and advise that you also follow this policy.
If you feel at all concerned about emailing, please use another form of contact, e.g. post.

Email address
eftd@dvla.gsi.gov.uk