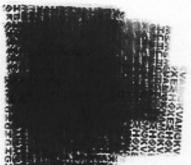


Driver and Vehicle Licensing Centre Drivers Medical Branch Swansea SA99 1TU

Fax: 01792 761100





Date: 29 March 2002

Thank you for letting us know about the change in your health. This means that we now need to make enquiries, in the strictest confidence, into your medical fitness to continue driving.

What we need first from you is your consent to your doctors and specialists releasing relevant details about your health to the Medical Adviser if he or she decides that medical reports are necessary. Will you please therefore fill in and sign the enclosed form and send it to me in the envelope provided.

If you do not do this we may have to withdraw your licence.

It may take some time to complete our enquiries. You are therefore urged to seek specific advise from your doctors or specialists about whether or not you should drive in the meantime.

When the enquiries are complete a decision will be taken about your licence and you will of course be informed. The possibilities are:-

your licence could continue as now

your licence could be withdrawn normally for a specified period

your licence could be withdrawn, but be replaced on acceptance by a new one. This might run for one, two or three years

your licence could indicate that special controls need to be fitted to the vehicles you drive

If your licence is withdrawn, or if you are offered one running for a shorter period, you may have a right of appeal. Please note that if you passed your driving test before 1 January 1997 and your licence has to be withdrawn/refused or restricted in any way, your entitlement to drive vehicles between 3.5 and 7.5 tonnes and minibuses (not for hire or reward) cannot be retained unless you can meet the higher health standards required of professional drivers, (if your licence is to be restricted, further details about this change will be sent to you when medical enquiries are complete).

If you have any queries, please write to me at the above address or telephone me, giving the reference on this letter.

Yours sincerely

The Law

Section 94(4)(5) of the Road Traffic Act 1988

Section 94(8) of the Road Traffic Act 1988

N Brooks



We need the following information to determine your fitne Please answer all the questions and sign and date the decla	tration and consent at the end. Use black ink.
1. Your Details	
Full Name	
Address	
Postcode Daytime or home teleph Driver Number (if known)	Date of Birth
Your Doctor's details    Name of family Doctor (or Group Practice)	70
Address	
PostcodeTele	ephone number (if known)
3. Your Specialist Clinic details (NOTE: IF THIS SECTION DOES NOT APPLY TO Y	1 3-41 (294) (764) 452-9
Ba. NEUROLOGY or MOVEMENT DISORDER CLINIC	
Consultant	Hospital
Address	Address
	Tel No
Tel No	Give dates (approx) of attendance within last
Give dates (approx) of attendance within last	12 months :
f2 months:,	Hospital record number
4. Other Hospital/ clinic attendance(s) with Rehabilitation	
Consultant	_ date(s) of attendance
Hospital address	
Reason for attendance Shift MRIVERY Pa	orien ALZHUMERS DISCASO
Consultant	ate(s) of attendance
Consultant,	- 400(0) 01 010000000
Hospital address	