



Driver and Vehicle Licensing Centre
 Drivers Medical Branch
 Swansea SA99 1TU
 Fax: 01792 761100

[REDACTED]

[REDACTED]

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 advice 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- your licence could be withdrawn normally for a specified period
- your licence could be withdrawn, but be replaced on acceptance by a new one.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If your licence is withdrawn, or if you are offered one running for a shorter period, you may have a right of appeal. Please note that if you passed your driving test before 1 January 1997 and your licence has to be withdrawn/refused or restricted in any way, your entitlement to drive vehicles between 3.5 and 7.5 tonnes and minibuses (not for hire or reward) cannot be retained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

N Brooks

The Law

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

Section 94(8) of the Road Traffic Act 1988

[REDACTED]



Medical Fitness to Drive

Ref. 59/NOE/

We need the following information to determine your fitness to hold a driving licence.
Please answer all the questions and sign and date the declaration and consent at the end. Use black ink.

1. Your Details

Full Name _____
 Address _____
 Postcode _____ Daytime or home telephone number *work* _____
 Driver Number (if known) _____ Date of Birth _____

2. Your Doctor's details

Name of family Doctor (or Group Practice) _____
 Address _____
 Postcode _____ Telephone number (if known) _____

3. Your Specialist Clinic details

(NOTE: IF THIS SECTION DOES NOT APPLY TO YOU, GO TO QUESTION 4)

3a. NEUROLOGY or MOVEMENT DISORDER CLINIC

Consultant _____
 Hospital _____
 Address _____
 Tel No _____
 Give dates (approx) of attendance within last 12 months : _____
 Hospital record number _____

3b. NEUROSURGICAL CLINIC

Consultant _____
 Hospital _____
 Address _____
 Tel No _____
 Give dates (approx) of attendance within last 12 months : _____
 Hospital record number _____

4. Other Hospital/ clinic attendance(s) within the past 3 years eg. Radiotherapy /Oncology, Rehabilitation

Consultant _____ date(s) of attendance _____
 Hospital address _____
 Reason for attendance *SLIGHT MEMORY PROBLEM, ALZHEIMERS DISEASE*
 Consultant _____ ate(s) of attendance _____
 Hospital address _____
 Reason for attendance _____