

**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: Address:   
  
  
  
Postcode   
Telephone Number(s):  
Home   
Mobile   
Email **PART B: ABOUT YOUR GP AND YOUR CONSULTANT****GP's Name and Address**

Dr:	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Consultants Name and Address**

Title:	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	DOB	REF
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**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. Have you had a **cardiac defibrillator** (ICD) implanted **solely for prophylactic** reasons i.e. because of a relevant family history or other information, you are considered to be at risk of, but **not yet** suffered from, a significant disturbance of the normal heart rhythm? YES ☐ NO ☐

1a. Has your ICD delivered a 'shock' therapy? YES ☐ NO ☐

If 'YES', please give date

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Have you had a **cardiac defibrillator** (ICD) implanted for any other reason? YES ☐ NO ☐

If 'YES', please give date of **first** implantation:

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

2a. Has your ICD delivered a 'shock' therapy? YES ☐ NO ☐

If 'YES', please give date

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

***If "YES" to Q1 or Q2, please complete the declaration below, failure to do so will delay completion of our enquiries.***

Drivers with an implanted cardiac defibrillator (ICD) who can meet the standards of medical fitness to drive may be issued with an ordinary (Group 1 car/ motorbike) licence without regular medical review by DVLA, provided you agree to or can meet all of the following:

- i) To attend for regular checks of your defibrillator by a cardiologist or a clinic supervised by a cardiologist.
- ii) To accept the advice of the 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 dizziness/fainting or blackouts, or any other medical condition which may affect safe driving.
- iv) To notify DVLA if your ICD delivers 'shock' therapy, unless this has occurred during clinical testing.

**Defibrillator declaration:**

**"I have an implanted defibrillator device (ICD) and agree to comply with the above conditions if I am issued with an ordinary driving licence"**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NAME	DOB	REF
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## 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 request and receive medical information by fax and email from you, your doctor(s) or any relevant personnel associated with your medical enquiry

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 we are unable to communicate in this way, conventional postage methods will be used instead. You must confirm in writing if you wish to cancel the agreement to communicate electronically.

Do you agree to DVLA communicating with you by fax and / or email YES ☐ NO ☐

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

NAME	DOB	REF
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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

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

**Go to:** [www.direct.gov.uk/onlinemotoringservices](http://www.direct.gov.uk/onlinemotoringservices)

