



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) _____

NHS 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
<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:
DRIVER NUMBER:		

HEART MEDICAL QUESTIONNAIRE

1 Your Heart Condition(s)

1.1 | What is your condition?

<input type="checkbox"/> Aortic aneurysm	<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Aortic stenosis	<input type="checkbox"/> Congenital heart disease
<input type="checkbox"/> Heart failure	<input type="checkbox"/> Atrial fibrillation
<input type="checkbox"/> Brugada syndrome	<input type="checkbox"/> Long QT syndrome
<input type="checkbox"/> Heart transplant	<input type="checkbox"/> Other heart condition: _____

1.2 | Have you been advised by your healthcare professional that you should stop driving due to your heart condition?

Yes No

1.3 | Are you suffering from symptoms that would affect safe driving?

e.g. shortness of breath, chest pains, palpitations etc

Yes No

1.4 | Has your heart condition caused any sudden and disabling dizziness or fainting within the last 12 months?

Yes No → **Go to 1.6**

1.5 | If yes, please give the date of the:

First episode Last episode

1.6 | Do you currently have a pacemaker implanted?

(!) A pacemaker is not an Implantable Cardioverter Defibrillator (ICD). If you are unsure, contact your healthcare professional for advice.

Yes No → **Go to 2**

1.7 | If yes, please give the date of implantation

Date

NAME:	DOB:	REF:
DRIVER NUMBER:		

1.8 | If yes, was your pacemaker fitted to prevent sudden attacks of dizziness or fainting?

Yes

No → **Go to 1.10**

1.9 | If yes, have the attacks been controlled since the pacemaker was implanted?

Yes

No

1.10 | Do you agree:

1. To attend for regular checks of your pacemaker by a clinic supervised by a consultant cardiologist.
2. To accept the advice of your doctor/cardiologist with regards to any treatment required for your heart condition for the duration of your licence.
3. To notify DVLA if you suffer any sudden attacks of disabling giddiness/fainting or blackouts or any other medical condition which may affect safe driving.

Information on check-ups and treatment will be provided by your cardiologist or a clinic supervised by a cardiologist

Yes

No

2 Aortic aneurysm

Only answer this question if you have an aortic aneurysm

2.1 | What size is your aneurysm?

Less than 6cms

6cms – 6.4cms

6.5cms or more

Don't know

2.2 | Has your aneurysm been repaired?

Yes

No

NAME:	DOB:	REF:
DRIVER NUMBER:		

When notifying DVLA of a heart condition it is important that you provide the correct name of any device you may have fitted. Providing DVLA with the wrong information can affect our decision about your licence.

Below is a list of the more common devices.

Pacemakers

A pacemaker is a small electrical device fitted in the chest or abdomen. It's used to treat some abnormal heart rhythms (arrhythmias) that can cause your heart to either beat too slowly or miss beats.

Implantable Cardioverter Defibrillator (ICD)

An ICD is placed under the skin just below the collarbone to monitor your heart rate through thin wires connecting electrodes to your heart. An ICD is a small electrical device that constantly monitors your heart rhythm through the electrodes and treats dangerous abnormal heart rhythms when they occur.

Cardiac resynchronisation therapy with a pacemaker (CRT-P)

Also known as bi-ventricular pacing. This treatment involves having a pacemaker with three leads called a bi-ventricular pacemaker. CRT-P can help your heart to pump more efficiently which can improve your symptoms.

Cardiac resynchronisation therapy with a defibrillator (CRT-D)

This treatment involves having a single device that combines a bi-ventricular (three-lead) pacemaker and an ICD. It's used for people with heart failure who might also be at risk of developing fast, life threatening heart rhythms.

Ventricular assist device (VAD)

A VAD is a mechanical pump that helps pump blood out of the heart to the rest of the body. Some pumps are meant for short-term support (a few days or weeks), while others can be used for several months, or sometimes even years. The device is intended to be used for a limited period and is removed when you receive a donor heart. Having a VAD fitted requires open-heart surgery.



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 my medical information, and any other relevant information, to my doctor(s) by postal or electronic (fax or email) channels 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:
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DRIVER NUMBER:



Note: please fill in and return all pages (1-5) 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 (6) for future reference.

Find out about DVLA's online services

Go to: www.gov.uk/browse/driving

