****Appendix 2**

**Driver’s Medical Declaration**

***It is an offence for a person to drive on a road any vehicle otherwise than in accordance with a licence authorising him to drive it. It is also an offence for a person to cause or permit another person to drive it.***

This is a declaration that I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *NAME, SURNAME*

I have had no change in my health, which could affect my entitlement to drive, in particular, for ALL licences:

* Epilepsy
* Fits or blackouts
* Repeated attacks of sudden disabling giddiness (*dizziness that prevents you from functioning normally*)
* Diabetes controlled by insulin
* An implanted cardiac pacemaker
* An implanted cardiac defibrillator (ICD)
* Persistent alcohol abuse or dependency
* Persistent drug abuse or dependency
* Parkinson’s disease
* Narcolepsy or sleep apnoea syndrome
* Stroke, with any symptoms lasting longer than one month, recurrent ‘mini strokes’ or TIAs (Transient Ischaemic Attacks)
* Any type of brain surgery, severe head injury involving inpatient treatment, or brain tumour
* Any other chronic (long term) neurological condition
* A serious problem with memory or episodes of confusion
* Severe learning disability
* Serious psychiatric illness or mental ill-health
* Total loss of sight in one eye
* Any condition affecting both eyes, or the remaining eye only (not including short or long sight or colour blindness)
* Any condition affecting your visual field (*the surrounding area you can see when looking directly ahead*)
* Any persistent limb problem for which your driving has to be restricted to certain types of vehicles or those with adapted controls

Also, for vocational licences:

* Angina, other heart conditions or heart operation
* Diabetes controlled by tablets
* Visual problems affecting either eye
* Any form of stroke, including TIAs (Transient Ischaemic Attacks)

If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform DVLA by writing to the: Drivers Medical Group, DVLA, Swansea SA99 1TU (the appropriate medical questionnaires can be downloaded from www.direct.gov.uk/driverhealth). Failure to do so is a criminal offence punishable by a fine of up to £1,000. I will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible.

I have read and fully understand the above and will comply with what is requested of me.

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