Isle of Man Government
Reiltys Ellan Vannin

Supplementary Medical Information

infrastructure
highways
bun-troggalys - raaidyn mooarey

Please complete in BLOCK CAPITALS and in black ink.

Section 1

Full name (including title)

Address

Postcode

Date of Birth / /

Email:

Telephone Number

Section 2

For driving licence purposes you must inform the Licensing Authority if you have had a change in your medical circumstances, or have had any of the following:

(Please ✓ where appropriate)

- ☐ An epileptic event (seizure or fit)
- ☐ Sudden attacks of disabling giddiness, fainting, blackouts or narcolepsy
- ☐ Severe mental handicap
- ☐ A pacemaker, defibrillator or anti-ventricular tachycardia device fitted
- ☐ A serious heart condition or a heart operation
- ☐ Angina (heart pain) while driving
- ☐ Diabetes controlled by insulin
- ☐ A serious problem with memory
- ☐ Any chronic neurological condition eg Parkinson's Disease, Multiple Sclerosis, Motor Neurone Disease
- ☐ Meniere's Disease
- ☐ A serious problem with confusion
- ☐ A major stroke, ie with impaired limb functions, visual field or cognitive defects after 1 month
- ☐ Any type of brain surgery, brain tumour or severe head injury involving hospital in-patient treatment
- ☐ Any severe psychiatric illness or mental disorder
- ☐ Continuing/permanent difficulty in the use of arms or legs which affects your ability to control your vehicle safely
- ☐ Dependence on or misuse of alcohol, illicit drugs or chemical substances in the past three years (Do not include drink driving offences)
- ☐ Any visual disability affecting either eye (Do not declare short/long sight or colour blindness)
- ☐ Any other condition, mental or physical, likely to cause the driving of a motor vehicle to be a danger to yourself or the public

If you have ticked any of the boxes, please give a brief description:

P.T.O.

Section 3

Name of present Doctor (GP)

Address

Postcode

Name and addresses of any Doctors/Consultants/Specialists involved in your treatment.

Postcode

Postcode

Section 4

Please tick your main Driving Licence categories.

A **B** **C** **C1** **D** **D1**

Certain medical conditions may affect your entitlement to drive some categories of vehicle.

Important Information about Consent

Please read carefully before signing the declaration below.

As we may require further information, you will see that we have asked for your consent to obtain relevant medical information from your doctors. In addition, as part of the investigation into your fitness to drive, the Department of Infrastructure may require you to undergo a medical examination or a practical assessment if this should be considered necessary. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel may include doctors, orthoptists, specialists including occupational therapists or staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be sought.

I hereby authorise my Doctor or relevant Specialist to disclose relevant medical information about my condition to an authorised official of the Department of Infrastructure. I also authorise the Department of Infrastructure to disclose such relevant information as may be necessary to the investigation of my fitness to drive to doctors, specialists or authorised driving assessment staff. I also confirm that I have checked the details I have given on the above questionnaire and that, to the best of my knowledge and belief, they are correct.

Our Privacy Notice explains how we collect, store and handle your personal data in line with current data protection legislation as applied in the Isle of Man. If you would like to find out more please visit our website at https://www.gov.im/about-the-government/departments/infrastructure/data-protection/ or contact our Data Protection Officer on 686785 for a paper copy

Signature

Date / /

When completed, the form should be returned in a sealed envelope marked **"CONFIDENTIAL"** to the:

Licensing Office
Driver and Vehicle Test Centre
Ballafletcher Road
Tromode
Isle of Man
IM4 4QJ

More information about Diabetes can be found at: http://www.diabetesisleofman.com/ **and** https://www.diabetes.org.uk/