

Please complete in BLOCK CAPITALS and in black ink.

## Section 1

Full name (including title)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Email:	<input type="text"/>
Telephone Number	<input type="text"/>		<input type="text"/>

## 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)

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

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

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

