

Supplementary Medical Information

Please complete in BLOCK CAPITALS and in black ink.

Section 1

Full name (including title)

Address

Postcode

Date of birth

 / /

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)

- | | |
|---|---|
| <input type="checkbox"/> An epileptic event (seizure or fit) | <input type="checkbox"/> A major stroke, ie with impaired limb functions, visual field or cognitive defects after 1 month |
| <input type="checkbox"/> Sudden attacks of disabling giddiness, fainting, blackouts or narcolepsy | <input type="checkbox"/> Any type of brain surgery, brain tumour or severe head injury involving hospital in-patient treatment |
| <input type="checkbox"/> Severe mental handicap | <input type="checkbox"/> Any severe psychiatric illness or mental disorder |
| <input type="checkbox"/> A pacemaker, defibrillator or anti-ventricular tachycardia device fitted | <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"/> A serious heart condition or a heart operation | <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"/> Angina (heart pain) while driving | <input type="checkbox"/> Any visual disability affecting either eye (Do not declare short/long sight or colour blindness) |
| <input type="checkbox"/> Diabetes controlled by insulin | <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 | |
| <input type="checkbox"/> A serious problem with confusion | |

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



Putting the Customer **First**

P.T.O.

Section 3

Name of present Doctor (GP)

Address

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| Postcode |

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

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| Postcode |

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| 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 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.

Signature

Date

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

**Licensing Office
Highways Division
Department of Infrastructure
Sea Terminal Building
Douglas
IM1 2RF**