



1 Neurological disorders

Please tick ✓ the appropriate boxes
Does the applicant have a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)?

If no, go to section 2, Diabetes mellitus
If yes, please answer all questions below.

- Yes No
1. Has the applicant had any form of seizure?
- (a) Has the applicant had more than one seizure episode?
- (b) Please give date of first and last episode.
- First episode
- Last episode
- (c) Is the applicant currently on anti-seizure medication?
- (d) If no longer treated, when did treatment end?
- (e) Has the applicant had a brain scan?
If yes, please give details in section 9, page 6.
- Yes No
2. Has the applicant experienced any dissociative/functional seizures?
- (a) If yes, please give date of most recent episode.
- (b) If yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving?
- Yes No
3. Stroke or TIA?
- If yes, give date.
- (a) Has there been a **full** recovery?
- (b) Has a carotid ultrasound been undertaken?
- (c) If yes, was the carotid artery stenosis >50% in either carotid artery?
- (d) Is there a history of multiple strokes/TIAs?
4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur?
5. Subarachnoid haemorrhage (non-traumatic)?
6. Significant head injury within the last 10 years?
7. Any form of brain tumour?
8. Other intracranial pathology?
9. Chronic neurological disorder(s)?
10. Parkinson's disease?
11. Blackout, impaired consciousness or loss of awareness within the last 5 years?

2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes No

If no, go to section 3, Cardiac

If yes, please answer all questions below.

1. Is the diabetes treated by: Yes No
- (a) Insulin?
- If no, go to 1c
- If yes, please give date started on insulin.
- (b) Are there at least 6 continuous weeks of blood glucose readings stored on a memory meter or meters?
- If no, please give details in section 9, page 6.
- (c) Other injectable treatments?
- (d) A Sulphonylurea or a Glinide?
- (e) Oral hypoglycaemic agents and diet?
- (f) Diet only?
2. (a) Does the applicant test blood glucose at least twice every day? Yes No
- (b) Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours whilst driving)?
- (c) Does the applicant keep fast-acting carbohydrate within easy reach whilst driving?
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?
3. (a) Has the applicant ever had a hypoglycaemic episode? Yes No
- (b) Is there full awareness of hypoglycaemia?
4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No
- If yes, please give details and dates below.
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5. Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No
- If yes, please give most recent date of treatment.

Applicant's full name

Date of birth

3 Cardiac

a Coronary artery disease

Is there a history or evidence of coronary artery disease? Yes No

If no, go to section 3b, Cardiac arrhythmia

If yes, please answer all questions below.

1. Has the applicant ever had an episode of angina? Yes No

If yes, please give the date of the last known attack.

2. Acute coronary syndrome including myocardial infarction? Yes No

If yes, please give date.

3. Coronary angioplasty (PCI)? Yes No

If yes, please give date of most recent intervention.

4. Coronary artery bypass graft surgery? Yes No

If yes, please give date.

5. If yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below. Yes No

b Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia? Yes No

If no, go to section 3c, Peripheral arterial disease

If yes, please answer all questions below.

1. Has there been a significant disturbance of cardiac rhythm causing/likely to cause incapacity in the last 5 years? Yes No

2. Has the arrhythmia been controlled satisfactorily for at least 3 months? Yes No

3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Yes No

4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No

If yes:

(a) Please give date of implantation.

(b) Is the applicant free of the symptoms that caused the device to be fitted?

(c) Does the applicant attend a pacemaker clinic regularly?

c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? Yes No

If no, go to section 3d, Valvular/congenital heart disease

If yes, please answer all questions below.

1. Peripheral arterial disease? (excluding Buerger's disease) Yes No

2. Does the applicant have claudication? Yes No

 If yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT?

3. Aortic aneurysm? Yes No
 If yes:

(a) Site of aneurysm: Thoracic
 Abdominal

(b) Has it been repaired successfully?

(c) Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes.

cm

4. (a) Dissection of aorta? Yes No

(b) If yes, has the dissection been successfully repaired?

If yes to 4a, please provide copies of all reports including those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes No

(a) If yes, are there any associated risk factors*?

*risk factors include –

- family history of aortic dissection
- greater than 3mm per year increase than aneurysm diameter
- pregnancy

d Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease? Yes No

If no, go to section 3e, Cardiac other

If yes, please answer all questions below.

1. Is there a history of congenital heart disease? Yes No

2. Is there a history of heart valve disease? Yes No

(a) If yes, are they symptomatic?

3. Is there a history of aortic stenosis? Yes No
 If yes, please provide relevant reports (including echocardiogram).

4. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No

Applicant's full name

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Date of birth

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6 Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness? Yes No

If no, go to section 7, Other medical conditions.

If yes, please give diagnosis and answer all questions below.

- a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity:

Mild (AHI <15)

Moderate (AHI 15 - 29)

Severe (AHI >29)

Not known

If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 6, Further details.

- b) Please answer questions (i) to (iv) for **all** sleep conditions.

(i) Date of diagnosis: Yes No

(ii) Is it controlled successfully?

(iii) Is applicant compliant with treatment?

(iv) Date of last review.

7 Other medical conditions

1. Is there a history or evidence of narcolepsy? Yes No

2. Is there any impairment resulting from either a physical or non-physical medical condition which is likely to affect the ability to control a vehicle? Yes No

If yes, please provide information in section 9, page 6.

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes No

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes No

5. Does the applicant have a history of liver disease of any origin? Yes No

 If yes, is this the result of alcohol misuse?
 If yes, please give details in section 9, page 6.

6. Is there a history of renal failure? Yes No

 If yes, please give details in section 9, page 6.

7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes No

8. Does the applicant have any other medical condition that could affect safe driving? Yes No

 If yes, please provide details in section 9, page 6.

8 Medication

Is the applicant currently prescribed any of the following medication:

- | | Yes | No |
|---------------------------------|--------------------------|--------------------------|
| (a) Anti-seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Clozapine? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Sulphonylurea or a Glinide? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Insulin? | <input type="checkbox"/> | <input type="checkbox"/> |

9 Further details

Do not send any notes not related to fitness to drive.

Use the space below to provide any additional information.

Applicant's full name

Date of birth

The applicant must fill in this page

Applicant's declaration

You **must** fill in this section and **must not** alter it in any way.

Please read the following important information carefully then sign to confirm the statements below.

Important information about fitness to drive

As part of the investigation into your fitness to drive, we may require you to have a medical examination or some form of practical assessment. If we do, the people involved will need your medical details to carry out an appropriate assessment. These may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only release information relevant to the medical assessment of your fitness to drive. Also, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more members of the Secretary of State's Honorary Medical Advisory Panels. Panel members must adhere strictly to the principle of confidentiality.

Declaration

As part of the investigation into your fitness to drive, we may require you to have a medical examination or some form of practical assessment. If we do, the people involved will need your medical details to carry out an appropriate assessment. These may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only release information relevant to the medical assessment of your fitness to drive. Also, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more members of the Secretary of State's Honorary Medical Advisory Panels. Panel members must adhere strictly to the principle of confidentiality.

The Council may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature or the prevention and detection of fraud. For further information see <http://runymede.gov.uk/datamatching>.

Data Protection and Privacy Any data supplied by you on this form will be processed in accordance with the General Data Protection Regulations, in supplying it you consent to the Council process is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law. Data is deleted in accordance with our data retention policy. We are committed to protecting your privacy when you use our services, the privacy policy explains how we use information about you and how we protect your privacy, this is published on our web site www.runnymede.gov.uk

Name

Signature

Date

I authorise Runnymede Borough Council to correspond with medical professionals via electronic channels (fax and/or email)

Yes No

Checklist

- Have you signed and dated the declaration? Yes
- Have you checked that the optician, optometrist or doctor has filled in all parts of the report and all relevant hospital notes have been enclosed? Yes

When complete please return to the Taxi Licensing Officer at Runnymede Borough Council.

Important

This report is valid for 3 months from the date the doctor, optician or optometrist signs it.

Updated March 2025