States of Guernsey
Driver and Vehicle Licensing

Edward T Wheadon House
Le Truchot
St Peter Port
Guernsey
GY1 3WH
+44 (0) 1481 221000
dvl@gov.gg
gov.gg/dvl

Medical Report

Car & Motorcycle Licences (Group 1)

This application form constitutes a record and is issued by the Committee *for the* Environment & Infrastructure in accordance with the Driving Licences (Guernsey) Ordinance, 1995.

Before your driving licence application can be dealt with, Driver & Vehicle Licencing must be satisfied that you are fit to drive the vehicle category you are applying for. For this reason, you are required to complete Section 1 & 2 of this form and arrange with your doctor to complete the other sections. You should then bring or send this form, together with your driving licence application form to us. Failure to do so will prevent the processing of your application.

You are responsible for any fee charged by your Doctor's surgery.

IMPORTANT

By Law, you must tell us if you have any illness or disability which could affect your driving. This includes mental as well as physical conditions. Failure to do so could be deemed as an offence.

1. Your details

Surname:		Forenames:		
Date of birth:		Contact number:		
Address:				
			Post Code:	
Doctor's surgery:				

2. Declaration

You must sign this declaration when you are with the Doctor who will be completing the below sections.

I authorise my Doctor, Specialist, Ophthalmologist or optician to release confidential information to Driver & Vehicle Licencing if any matter affecting my fitness to drive arises:

- in connection with my application for my driving licence or
- during the period that my licence (if granted) is in force

I also give my consent for Driver and Vehicle Licensing to disclose this confidential information to an Independent Medical Advisor for the purposes of determining my fitness to drive.

Signature: Date:

Notes for the Doctor — Please read these notes before undertaking the examination

Please complete the below sections having regard to the "At a Glance Guide to the Current Medical Standards of Fitness to Drive" issued by the UK Government's Driver & Vehicle Licensing Agency.

If you have any doubt about the applicant's fitness for this type of driving, please contact the Driver & Vehicle Licensing's Medical Advisor.

The purpose of the report is to determine the applicant's fitness to drive motor cars or motorcycles and it must be submitted by the applicant together with their driving licence application form. Failure to do so will prevent the processing of the application.

Applicants who may be asymptomatic at the time of completion of this report and who later show symptoms of a medical condition should be advised to inform Driver & Vehicle Licensing.

By Law a licence may not be issued is the applicant suffers from any of the following:-

(a) epilepsy
(b) severe mental handicap
(c) liability to sudden attacks of disabling dizziness or fainting, other than such attacks falling within (d)
(d) Liability to sudden attacks of disabling dizziness or fainting which are caused by any disorder or defect of the heart as a result of which the applicant for the licence or, as the case may be, the holder of the licence, has a device implanted, being a device which, by operating on the heart so as to regulate its action, is designed to correct the disorder or defects; and
(e) Inability to read in good daylight (with the aid of glasses or contact lenses if worn) a series of six letters and figures of the same size and arrangement as those prescribed for the registration marks of a motor car at a distance of 22.5 metres (24.61 yards)
(f) Has any other condition which would cause problems for driving.

Important
Use section 11 (Additional Notes) for any essential additional information. If a condition of physical disability can be accommodated for driving by the use of an aid or appliance (if fitted) or if the applicant can drive but should be required to take another medical examination within a stated period of less than 5 years, please say so in section 11.

All below sections to be completed by the Doctor

3. Vision

Note: The applicant must be able to read (with glasses or contact lenses if worn) in good daylight a car number plate with figures on it 79.4mm high from a distance of 22.5 metres.				
Does he/she meet this standard?			Yes: ☐	No: ☐
If No, please state: The acuities without lenses:		Left ☐	Right ☐	
Acuities corrected by lenses:		Left ☐	Right ☐	
Is the applicant without sight in one eye?	Yes: ☐ No: ☐	Start date of condition:		
Is there diplopia or evidence of a pathological field defect, e.g. hemianopia or quadrantanopia?			Yes: ☐	No: ☐

4. Nervous System

Does the applicant suffer from epilepsy?	Yes: ☐	No: ☐	If Yes, date of last fit	
Is there a history of an episode or episodes of unexplained altered consciousness?			Yes: ☐	No: ☐
Is there a history of stroke,transient ischaemic attack or vertebrobasilar insufficiency?			Yes ☐	No: ☐
Is there a history of recuring Meniere's disease?			Yes: ☐	No: ☐
Is there evidence of multiple sclerosis?			Yes: ☐	No: ☐
Is there evidence of Parkinson's disease?			Yes: ☐	No: ☐
Is there a history of major brain injury?			Yes: ☐	No: ☐
Is there a history of serious head injury, with evidence of an intra-cerebral haemotoma or compound depressed skull fracture?			Yes: ☐	No: ☐
Is there serious difficulty preventing adequate communication by telephone?			Yes: ☐	No: ☐
Is there a history of unexplained syncope or disabling vertigo?			Yes: ☐	No: ☐

5. Diabetes Mellitus

Does the applicant have diabetes mellitus? If Yes, completed this section, if No, proceed to Section 6.		Yes: ☐	No: ☐
Is the diabetes managed by:	Insulin?	Yes: ☐	No: ☐
	Oral Hypoglycaemic agents and diet?	Yes: ☐	No: ☐

	Diet Only?	Yes: ☐	No: ☐
	Is the control of the diabetes unsatisfactory?	Yes: ☐	No: ☐
	Is there evidence of: Loss of peripheral visual field?	Yes: ☐	No: ☐
	Severe peripheral neuropathy?	Yes: ☐	No: ☐
	Significant impairment of limb function or joint position sense?	Yes: ☐	No: ☐
	Episodes of hypoglycaemia	Yes: ☐	No: ☐

6. Malignant Growths

	Is there a history of malignant brain lesion, either primary or secondary?	Yes: ☐	No: ☐
	Is there a history of bronchogenic carcinoma	Yes: ☐	No: ☐

7. Psychiatric Illness If yes, please give details in Section 10 overleaf

	Has the applicant suffered or required treatment for a psychotic illness in the past 5 years?	Yes: ☐	No: ☐
	Has the applicant required treatment for a mental disorder with psychotropic medication within the past 6 months?	Yes: ☐	No: ☐
	Is there confirmed evidence of dementia?	Yes: ☐	No: ☐
	Is there a history of alcohol misuse in the last 3 years?	Yes: ☐	No: ☐
	Is there a history of drug or substance misuse in the last 3 years?	Yes: ☐	No: ☐

8. Musculoskeletal System

	Has the applicant a significant disability of the spine which is likely to interfere with his/her ability as a driver?	Yes: ☐	No: ☐
	Has the applicant any deformity, loss of limbs, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which might interfere with his/her abilities as a driver?	Yes: ☐	No: ☐

9. Cardiac

	Blood Pressure: Is the established blood pressure (to the nearest 5mm Mercury) 200/100 or over?		Yes: ☐	No: ☐
	Is medication required?		Yes: ☐	No: ☐
	If Yes, does it cause giddiness, fainting, lack of alertness or fatigue?		Yes: ☐	No: ☐
	Coronary artery disease: Is there a history of, or evidence of: Confirmed angina, whether or not treated symptomatically?		Yes: ☐	No: ☐
	If Yes, is there angina at rest, or whilst driving?		Yes: ☐	No: ☐
	Myocardial infarction? If Yes give date/s	Yes: ☐		No: ☐
	Coronary artery by-pass graft (CABG)? If Yes give date/s	Yes: ☐		No: ☐
	Coronary angioplasty? If Yes give date/s	Yes: ☐		No: ☐
	Cardiac arrhythmia and heart block: Is there a history of persisting cardiac arrhythemia?		Yes: ☐	No: ☐
	Is there history of paroxysmal cardiac arrhythmia in past 6 months?		Yes: ☐	No: ☐
	Defibrilator device or pacemaker?		Yes: ☐	No: ☐
	Valvular heart disease: Is there evidence of valvular heart disease, with or without heart valve replacement?		Yes: ☐	No: ☐
	Is the applicant taking anti-coagulants for the valvular heart condition?		Yes: ☐	No: ☐

Other cardiac conditions:	Is there a history of dilated cardiomegaly or hypertrophic cardiomyopathy?	Yes: ☐	No: ☐
	Has an X-ray been undertaken which shows significant enlargement of the heart, CTR>.55?	Yes: ☐	No: ☐
	Has heart, or heart/lung transplant, or cardiac surgery other then CABG or aortic aneurysm repair been undertaken?	Yes: ☐	No: ☐
	Is there a history of congenital heart condition, whether or not treated surgically?	Yes: ☐	No: ☐
Peripheral arterial disease:	Is there a history of aortic aneurysm, thoracic or abdominal, whether or not it has been repaired?	Yes: ☐	No: ☐
	Is there or has there been symptomatic peripheral arterial disease, with or without surgical intervention?	Yes: ☐	No: ☐

10. Other Conditions

	Does the applicant suffer from any significant medical disability not mentioned above, which is likely to interfere with his/her abilities as a driver?	Yes: ☐	No: ☐

12. Certification – for Registered Medical Practitioner

I certify that I have this day examined the applicant named overleaf, and who has signed this form in my presence.

Signature	Date:

Doctor's Stamp

Telephone No:

11. Additional Notes (Please write in CAPITALS) Separate page may be used if required

NB: This form may be reviewed by an Independent medical Adviser before a decision regarding the applicant's fitness to drive is taken.

The States of Guernsey will process any personal data that you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed by the States of Guernsey can be found at https://gov.gg/dp.