

This Certificate is to be completed in support of applications for Group 2 category entitlement as required by the Motor Vehicles (Driving Licences) (Jersey) Order 2003.

Before your driving licence application can be processed, the Issuing Authority (Parish of residence) must be satisfied that you are fit to drive the vehicle category you are applying for. If required to complete this form, you must:

- Complete Section 1 and the bottom of each page of this form with your name and date of birth where required
- If your Registered Medical Practitioner is unable to complete section 3 (vision assessment) it should be completed by an or Optometrist
- Complete section 2a in the presence of the Registered Medical Practitioner
- Arrange for a Registered Medical Practitioner (who must be registered in accordance with the Medical Practitioners (Registration) (Jersey) Law 1960), to complete the remainder
- Ensure the fitness to drive declaration 2b is signed by the Registered Medical Practitioner
- Submit the form to your Issuing Authority in support to your application

You are responsible for any fee charged by the Registered Medical Practitioner.

IMPORTANT

By Law, you must tell us if you have any medical condition which could affect your driving unless there are reasonable grounds for believing that the duration of the medical condition will not extend beyond the period of 3 months beginning with the date on which the licence holder first became aware of suffering from it. Failure to do so may be deemed an offence. This report is only valid for 3 months from the date of examination.

APPLICANT

1. Your details

Surname:

Forename(s):

Telephone number:

Email:

Address:

Post Code

Medical Practitioner:

2a. Declaration

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

I authorise the Registered Medical Practitioner, Optician or Optometrist completing this form to release medical information to the Issuing Authority about any medical condition that is relevant to my fitness to drive.

I understand that the Issuing Authority may disclose relevant medical information that is necessary to investigate my fitness to drive to the Licensing Authority and Independent Medical Advisors or Driving Assessors.

I declare that I have disclosed all relevant medical information to the Registered Medical Practitioner during this examination and understand that it is a criminal offence not to.

Signature:

Date:

REGISTERED MEDICAL PRACTITIONER

2b. Certification

I am a Registered Medical Practitioner in accordance with the Medical Practitioners (Registration)(Jersey) Law 1960 and certify that I have this day examined the applicant named in Section 1, and who has signed this form in my presence and that they are Fit/Unfit to drive Group 2 vehicles.

Consult the notes for Registered Medical Practitioner on the next page and the UK DVLA "assessing fitness to drive - a guide for medical professionals" where required.

Fit

Unfit

Signature of Medical Practitioner:

Date:

Registered Medical
Practitioner
Stamp:

Telephone number:

Your Parish is a 'controller' under the Data Protection (Jersey) Law 2018 and we process your information in order to issue you with a valid provisional or full Jersey driving licence or an International Driving Permit. We may not be able to provide you with a licence if we do not have sufficient information to identify you or to confirm your entitlement to a licence.

Please refer to the DATA PROTECTION section, at the end of the notes, where we explain what information we collect, how we use it and what your rights are.

NOTES FOR THE REGISTERED MEDICAL PRACTITIONER

Please complete the sections below having regard to the 'Assessing fitness to drive – a guide for medical professionals' issued by the UK Government's Driver & Vehicle Licensing Agency.

The purpose of this medical report is to determine the applicant's fitness to drive group 2 vehicles (medium or heavy goods and passenger carrying vehicles) and must be submitted by the applicant together with their driving licence application form. Note medical standards for MG, LGV and PCV drivers are higher than other drivers.

If you have any doubt about the applicant's fitness for this type of driving please contact their Parish Issuing Authority.

Applicants who may be asymptomatic at the time of the completion of this report and who later show symptoms of a medical condition should be advised to inform their Parish Issuing Authority.

The following conditions are prescribed in Jersey law and may prevent an applicant from holding group 2 entitlement:

Visual standards

- Have a visual acuity on the Scellen scale not less than 6/7.5 (decimel 0.8) in the better eye and at least 6/60 (decimal 0.1) in the poorer eye with corrective lenses if necessary, of a power not exceeding +8 dioptries
- Has uncontrolled diplopia
- Have sight in both eyes
- Have a binocular field of vision not less than:
 - > 160 degrees on the horizontal plane
 - > 70 degrees left and 70 degrees right
 - > Extension 30 degrees above and below the horizontal plane
 - > Have no significant defect present within a radius of the central 30 degrees
- Have no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision

Epilepsy and seizures

- Have not had any unprovoked seizure within the past 5 years
- Have not been prescribed medication to treat epilepsy or seizure within the past 5 years
- Have not had 2 or more epileptic seizure within the past 10 years

Diabetes mellitus

- Have not had an episode of severe hypoglycaemia in the preceding year
- Have full awareness of the onset of hypoglycaemia because only some warning symptoms are present or no warning symptoms are present
- Regularly monitor their condition and in particular to monitor their blood glucose at least twice daily and times relevant to driving
- Understands the risk of hypoglycaemia
- Does not comply with any directions regarding the treatment for diabetes as given by the Registered Medical Practitioner
- Follows the advice of their Registered Medical Practitioner concerning fitness to drive
- Declares that diabetes mellitus if being treated with insulin or with another medication with risk of hypoglycaemia

Other prescribed medical conditions

- Severe mental disorder
- Liability to sudden attacks of disabling giddiness or fainting
- Persistent misuse of drugs or alcohol, whether or not the misuse amounts to dependency
- The absence, deformity or loss of use of one or more limbs which is not progressive in nature.

Important

Use section 12 (Further details) for any essential additional information. If a condition or 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 12.

ALL SECTIONS TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

PARISH HALL CONTACT DETAILS

The Connétable
St Brelade's Parish Hall
St Brelade JE3 8BS
T: 741141
E: ParishHall@StBrelade.je

The Connétable
St Clement's Parish Hall
St Clement JE2 6FP
T: 854724
E: ParishHall@StClement.je

The Connétable
Grouville Parish Hall
Grouville JE3 9GA
T: 852225
E: ParishHall@Grouville.je

The Connétable
The Town Hall, PO Box
50, St Helier JE4 8PA
T: 811811
E: TownHall@StHelier.je

The Connétable
St John's Parish Hall
St John JE3 4EJ
T: 861999
E: ParishHall@StJohn.je

The Connétable
St Lawrence Parish Hall
St Lawrence JE3 1NG
T: 861672
E: ParishHall@StLawrence.je

The Connétable
St Martin's Public Hall
St Martin JE3 6HW
T: 853951
E: PublicHall@StMartin.je

The Connétable
St Mary's Parish Hall
St Mary JE3 3AS
T: 482700
E: ParishHall@StMary.je

The Connétable
St Ouën's Parish Hall
St Ouën JE3 2HY
T: 481619
E: ParishHall@StOuen.je

The Connétable
St Peter's Parish Hall
St Peter JE3 7AH
T: 481236
E: ParishHall@StPeter.je

The Connétable
St Saviour's Parish Hall
St Saviour JE2 7LF
T: 735864
E: ParishHall@StSaviour.je

The Connétable
Trinity Parish Hall,
Trinity JE3 5JB
T: 865345
E: ParishHall@ParishofTrinity.je

DATA PROTECTION

Privacy: Your Parish is registered with the Office of the Information Commissioner in Jersey and is a 'controller', as defined by the Data Protection (Jersey) Law 2018 (DPJL), of the information (personal data) you provide in connection with your application for a driving licence on this form and any other forms necessary to complete your application.

We collect: Your personal details (name, date of birth, contact details, certain medical information, signature) and may also require additional medical information

and a fitness to drive certificate from a health professional. All personal data is stored securely and retained in accordance with your Parish's Data Retention Policy.

Your Parish requires your personal data in order to process your application for a driving licence in accordance with the Road Traffic (Jersey) Law 1956 and the Motor Vehicles (International Circulation) (Jersey) Law 1953.

Transfer of personal data to third parties: The Parishes have information sharing

and other agreements in place between themselves and with other Government and Law Enforcement agencies and IT service providers. These serve to protect your information in accordance with the DPJL and set out what a third party may do with your personal data including to prevent and detect crime, for law enforcement or to protect individuals from harm or injury.

Your rights: You can ask us for a copy of the information we hold about you and to correct or update this. You can ask us to

stop or restrict the processing of your personal data although we may need to cancel your licence to do so. You can complain to your Parish about the way your personal data is used (contact details are shown above) or to the Office of the Information Commissioner at 2nd Floor, 5 Castle Street, St. Helier, Jersey, JE2 3BT t: 01534 716530, e: enquiries@oicjersey.org.

Please refer to the Privacy Notice on our website or ask a member of your Parish Hall team for more information.

3. Vision assessment

Take the results of any recent eye test to your Registered Medical Practitioner. You may need to have this section completed by an Optometrist.

1. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

(a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

Left Right

(b) Can the applicant read in good daylight, with corrective lenses if necessary, a standard registration mark from a distance of 20 metres?

Yes No

(c) Are corrective lenses worn for driving?

Yes No

If No, go to Q2.

If Yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

Left Right

(d) If corrective lenses are worn for driving is the correction made by the lenses well tolerated, or do the corrective lenses have a power not exceeding plus 8 dioptries?

Yes No

2. Does the applicant have sight in only one eye? (If yes, consult notes on page 2)

Yes No

3. Is there diplopia?

Yes No

(a) Is it controlled? (If no, consult notes on page 2)
Please indicate below and give full details in Q5 below.

Yes No

Glasses with/without prism Other (if other please provide details)

4. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? If Yes, please give full details in Q5 below.

Yes No

5. Details or additional information

I confirm that this vision assessment was completed by me at examination and the applicant's history has been taken into consideration.

Signature of Registered Medical Practitioner or Optometrist:

Date:

Registered Medical
Practitioner or
Optometrist's
Stamp:

Applicant's full name

Date of birth

DD / MM / YY

4. Neurological disorders

Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)?

Yes No

If **No**, go to section 5, **Diabetes mellitus**. If **Yes** please answer questions below.

1. Has the applicant had any form of seizure? If **No** go to question 2 below

Yes No

(a) Has the applicant had more than one seizure episode during the previous 10 year period or an isolated seizure within the previous 5 years?

Yes No

(b) If **Yes**, please give date of first and last episode?

First

Last

(c) Has the applicant been prescribed medication to treat epilepsy or an isolated seizure? If **Yes**, please give details in Section 11.

Yes No

(d) If no longer treated, when did treatment end?

Date

(e) If the applicant has suffered with epilepsy, have they undergone a medical examination by a medical practitioner specialising in neurology and licenced to practice under the Medical Act 1983, who has provided a report stating that the applicant has not suffered 2 or more unprovoked seizures more than 24 hours apart, or been prescribed medication to treat epilepsy within the last 10 years?

Yes No

(f) If the applicant has suffered an isolated seizure, have they undergone a medical examination by a medical practitioner specialising in neurology and licenced to practice under the Medical Act 1983, who has provided a report stating that the applicant has not suffered an isolated, or been prescribed medication to treat a seizure within the last 5 years?

Yes No

2. Has the applicant experienced dissociative/'non-epileptic' seizures within the previous 5 year period? If **No** go to question 3 below

Yes No

(a) If **Yes**, please give date of first and last episode?

First

Last

(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 **No** go to question 4 below

Yes No

If **Yes**, please give date of the most recent

Date

(a) Has there been a **full** recovery?

Yes No

(b) Has a carotid ultrasound been undertaken?

Yes No

(c) If **Yes**, was the carotid artery stenosis > 50% in either carotid artery?

Yes No

(d) Is there a history of multiple strokes/TIAs?

Yes No

4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur (Meniere disease)?

Yes No

5. Subarachnoid haemorrhage (non-traumatic)?

Yes No

6. Significant head injury within the last 10 years?

Yes No

7. Any form of brain tumour?

Yes No

8. Other intracranial pathology?

Yes No

9. Chronic neurological disorder(s)?

Yes No

10. Parkinson's disease?

Yes No

11. Blackout, impaired consciousness or loss of awareness within the last 10 years?

Yes No

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5. Diabetes mellitus

Does the applicant have diabetes mellitus? If **No**, go to section 6, Cardiac.
If **Yes**, please answer all questions below.

Yes No

1. Is the diabetes managed by:

(a) Insulin?

Yes No

If **Yes**, please give date started on insulin (a minimum period of 4 weeks is required).

DD / MM / YY

Are there at least 3 continuous months of blood glucose readings stored on a memory meter or meters? If **No**, please give details in section 12.

Yes No

(b) A sulphonylurea, glinide or other drug known to cause sudden hypoglycaemia?

Yes No

(c) Other oral or injectable treatments? If **Yes** to any of (a) to (c), please fill in the medication section 11.

Yes No

(d) Diet only?

Yes No

For applicants treated with insulin or other medications which carry a risk of inducing hypoglycaemia, answer 2, 3 and 4 below. Otherwise, go to section 6, Cardiac.

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 while driving)?

Yes No

(c) Does the applicant keep fast-acting carbohydrate within easy reach when driving?

Yes No

(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?

Yes No

3. (a) Has the applicant ever had a hypoglycaemic episode?

Yes No

(b) If **Yes**, is there full awareness of hypoglycaemia?

Yes No

(c) Has the applicant in the last 12 months experienced any episode of hypoglycaemia, which has required the assistance of another person, with the most recent episode occurring in the last 3 months? If **Yes**, please give details and dates below.

Yes No

4. (a) Has the applicant undergone a medical examination by a Medical Practitioner specialising in diabetes mellitus and licensed to practice under the Medical Act 1983 of the UK?

Yes No

(b) Has that Medical Practitioner provided a report to the effect that the applicant has a history of responsible diabetic control and currently has a minimal risk of impairment due to hypoglycaemia?

Yes No

5. Declaration to be signed by ALL applicants who have diabetes treated with either insulin or other medication which carries a risk of inducing hypoglycaemia.

I declare I:

(a) will monitor regularly my condition and, in particular, to monitor my blood glucose at least twice daily and at times relevant to driving using a device that incorporates an electronic memory function to measure and record blood glucose levels.

(b) understand the risk of hypoglycaemia.

(c) will undertake to comply with any directions regarding treatment for diabetes as may be given by the Registered Medical Practitioner overseeing my treatment or a person working under the supervision of that Registered Medical Practitioner.

(d) will undertake to follow the advice of my Registered Medical Practitioner, or a person working under the supervision of that Registered Medical Practitioner, concerning fitness to drive.

Applicant's signature

Date

DD / MM / YY

Applicant's full name

Date of birth

DD / MM / YY

6. Cardiac

a. Coronary artery disease

Is there a history or evidence of coronary artery disease?

If **No**, go to section **6b**, Cardiac arrhythmia.

If **Yes**, please answer all questions below and add any further details in section **12**.

Yes No

1. Has the applicant ever had an episode of angina?

Yes No

If **Yes**, please give the date of the last known attack.

Date

2. Acute coronary syndrome including myocardial infarction?

Yes No

If **Yes**, please give date.

Date

3. Coronary angioplasty (PCI)?

Yes No

If **Yes**, please give date of most recent intervention.

Date

4. Coronary artery bypass graft surgery?

Yes No

If **Yes**, please give date.

Date

5. If **Yes** to any of the above, has the applicant undertaken an exercise test.

Yes No

If **Yes**, please provide details below.

b. Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia?

If **No**, go to section **6c**, Peripheral arterial disease.

If **Yes**, please answer all questions below.

Yes No

1. Has there been a significant disturbance of cardiac rhythm (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) 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.

Date

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

Yes No

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

Yes No

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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? If **No**, go to section **6d**, Valvular/congenital heart disease. If **Yes**, please answer all questions below.

Yes No

1. Peripheral arterial disease? (excluding Buerger's disease)

Yes No

2. Does the applicant have Claudication?

Yes No

3. Aortic aneurysm?

Yes No

If **Yes**:

(a) Site of aneurysm:

Thoracic Abdominal

(b) Has it been repaired successfully?

Yes No

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

. cm

Date

4. Dissection of the aorta repaired successfully?

Yes No

5. Is there a history of Marfan's disease?

Yes No

d. Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease?

If **No**, If No, go to section **6e**, Cardiac other.

If **Yes**, please answer all questions below.

Yes No

1. Is there a history of congenital heart disease?

Yes No

2. Is there a history of heart valve disease?

Yes No

3. Is there a history of aortic stenosis?

Yes No

4. Is there history of embolic stroke?

Yes No

5. Does the applicant currently have significant symptoms?

Yes No

6. Has there been any progression (either clinically or on scans etc) since the last licence application?

Yes No

e. Cardiac other

1. If there is a history or evidence of heart failure, if known? If known, provide the HYHA class.

2. Is there established cardiomyopathy? If **Yes**, please give details in section **12**.

Yes No

3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?

Yes No

4. Has the applicant had a heart or heart/lung transplant?

Yes No

5. Is there history or evidence of untreated atrial myxoma?

Yes No

6. Is there history or evidence of either Brugada or long QT syndrome?

Yes No

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7. A liability to sudden attacks of disabling giddiness or fainting which are caused by any disorder or defect of the heart, as a result of which a device designed to correct the disorder of defect has been implanted in the applicant's body to regulate the action of the heart? (If **Yes**, applicant must sign the following declaration) Yes No

I declare that I have made adequate arrangements to receive regular medical supervision by a cardiologist, and continue to do whilst the holder of a driving licence, and that I am conforming to those arrangements.'

Applicant's signature

Date

DD / MM / YY

f. Blood pressure

If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

1. Please record today's best resting blood pressure reading.

2. Is the applicant on anti-hypertensive treatment? Yes No

If **Yes**, please provide three previous readings with dates if available.

Date

DD / MM / YY

Date

DD / MM / YY

Date

DD / MM / YY

3. Is there a history of malignant hypertension? Yes No

If **Yes**, please give details in section 12 (including date of diagnosis and any treatment etc).

g. Cardiac investigations

Have any cardiac investigations been undertaken or planned? Yes No

If **No**, go to section 7, Psychiatric illness. If **Yes**, please answer questions 1 to 7.

1. Has a resting ECG been undertaken? If **Yes**, does it show: Yes No

(a) pathological Q waves? Yes No

(b) left bundle branch block? Yes No

(c) right bundle branch block? Yes No

If **Yes** to questions 2 to 6, please give dates in the boxes provided, give further details in section 12.

2. Has an exercise ECG been undertaken (or planned)? Yes No

Date

DD / MM / YY

3. Has an echocardiogram been undertaken (or planned)? Yes No

Date

DD / MM / YY

(a) If undertaken, is or was the left ejection fraction greater than or equal to 40%? Yes No

4. Has a coronary angiogram been undertaken (or planned)? Yes No

Date

DD / MM / YY

5. Has a 24 hour ECG tape been undertaken (or planned)? Yes No

Date

DD / MM / YY

6. Has a loop recorder been implanted (or planned)? Yes No

Date

DD / MM / YY

7. Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)? Yes No

Date

DD / MM / YY

7. Psychiatric illness

Is there a history or evidence of psychiatric illness within the last 3 years? Yes No

If **No**, go to section 8, Substance misuse. If **Yes**, please answer all questions below.

1. Significant psychiatric disorder within the past 6 months? If **Yes**, please confirm condition. Yes No

Applicant's full name

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DD / MM / YY

2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? Yes No
3. (a) Dementia or cognitive impairment? Yes No
- (b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses? Yes No

8. Substance misuse

Is there a history of drug/alcohol misuse or dependence? Yes No
If **No**, go to section 9, Sleep disorders. If **Yes**, please answer all questions below.

1. Is there a history of alcohol dependence in the past 6 years? Yes No
If **No** please go to question 2 below.
- (a) Has the applicant been abstinent for a minimum period of 3 years? Yes No
- (b) Has the applicant undergone an alcohol detoxification programme? Yes No
- If **Yes**, give date started. Date

2. Persistent alcohol misuse in the past 3 years? Yes No
- (a) Has it been controlled (drinking within government recommended guidelines) for a minimum period of 1 year? Yes No

3. Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years? Yes No
- (a) If Yes, the type of substance misused?
- (b) Is it controlled (free of misuse or dependence for period set out in DVLA guidance)? Yes No
- (c) Has the applicant undertaken an opiate treatment programme? Yes No
- If **Yes**, give date started. Date

9. Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea or other medical condition which causes persistent daytime sleepiness? If **No**, go to section 10, Other medical conditions. If **Yes**, please give diagnosis and answer all questions below. Yes No

- (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. Please give details in section 12, further details.

- (i) Date of diagnosis: Date
- (ii) Is it resolved with an absence of daytime sleepiness? Yes No
- (iii) If **Yes**, please state current treatment.

- (iv) Is applicant compliant with treatment? Yes No
- (v) Please state period of control: Years Months
- (vi) Date of last review. Date

10. Other medical conditions

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

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2. Is there currently any functional impairment that is likely to affect control of the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is the applicant profoundly deaf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does the applicant have a history of liver disease of any origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , is this the result of alcohol misuse? If Yes , please give details in section 12.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is there a history of renal failure? If Yes , please give details in section 12.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Does any medication currently taken cause the applicant side effects that could affect safe driving? If Yes , please fill in section 11, Medication and give symptoms in section 12.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does the applicant have any other medical condition that could affect safe driving? If Yes , please give details in section 12.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. Medication

Please provide details of all current medication including eye drops and medicinal cannabis that have potential side effects which could affect safe driving. (Continue on section 12 if necessary).

For applicants that have been prescribed medicinal cannabis, provide contact details of the prescriber in section 12 should the Parish need to obtain supplementary information.

Medication	Dosage	Medication	Dosage
Reason for taking:		Reason for taking:	
Approximate date started (if known):		Approximate date started (if known):	
	DD / MM / YY		DD / MM / YY

Medication	Dosage	Medication	Dosage
Reason for taking:		Reason for taking:	
Approximate date started (if known):		Approximate date started (if known):	
	DD / MM / YY		DD / MM / YY

Medication	Dosage	Medication	Dosage
Reason for taking:		Reason for taking:	
Approximate date started (if known):		Approximate date started (if known):	
	DD / MM / YY		DD / MM / YY

Applicant's full name

Date of birth

DD / MM / YY

12. Further details

Use the space below to provide any additional information.

Applicant's full name

Date of birth

DD / MM / YY

