



# Medical examination report Vision assessment

D4

To be filled in by a doctor or optician/optometrist

**Doctors** – You MUST read the notes in the INF4D leaflet so that you can decide whether you are able to fully complete the vision assessment.

The INF4D leaflet is available to download at [www.gov.uk/drivingmedicalapplications](http://www.gov.uk/drivingmedicalapplications)

Please check the applicant's identity before you proceed.

The visual acuity, as measured by the 6 metre Snellen chart, must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and at least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard. A LogMAR reading is acceptable.

**You MUST answer ALL the following questions**

1. Please confirm (✓) the scale you are using to express the driver's visual acuities.

Snellen  Snellen expressed as a decimal

LogMAR

2. Please state the visual acuity of each eye.

**Uncorrected**

**Corrected**  
(using the prescription worn for driving)

R	L	R	L
---	---	---	---

3. Please give the best binocular acuity with corrective lenses if worn for driving.

4. If **glasses** were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptries? **YES NO**

5. If a correction is worn for driving, is it well tolerated?

**If you answer Yes to ANY of the following, give details in the box provided.**

6. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?

**If formal visual field testing is considered necessary, DVLA will commission this at a later date.**

7. Is there diplopia?    
(a) Is it controlled?

If **Yes**, please ensure you give full details in the box provided

8. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?

9. Does the applicant have any other ophthalmic condition?

**Details**

Date of examination (see INF4D)

Name (print)

Signature

Date of signature

Please provide your GOC, HPC or GMC number

Doctor/optometrist/optician's stamp

Applicant's full name

Date of birth

**Please do not detach this page**



An executive agency of the  
Department for  
**Transport**



# Medical examination report

## Medical assessment



Must be filled in by a doctor

- Please check the applicant's identity before you proceed.
- Please ensure you fully examine the applicant as well as taking the applicant's history.
- **Please answer all questions**, and read the notes in the INF4D leaflet (Information and useful notes) to help you complete this form – this leaflet is available to download at [www.gov.uk/drivingmedicalapplications](http://www.gov.uk/drivingmedicalapplications)

### 1 Nervous system

- Please tick ✓ the appropriate box(es) YES NO
1. Has the applicant had any form of seizure?  YES  NO  
 If **NO**, please go to **question 2**  
 If **YES**, please answer questions a-f
- (a) Has the applicant had more than one attack?  YES  NO
- (b) Please give date of first and last attack
- First attack
- Last attack
- (c) Is the applicant currently on anti-epileptic medication?  YES  NO  
 If **YES**, please fill in current medication in **section 8**
- (d) If no longer treated, please give date when treatment ended
- (e) Has the applicant had a brain scan?  YES  NO  
 If **YES**, please give details in section 6
- (f) Has the applicant had an EEG?  YES  NO  
 If **YES** to any of above, please supply reports if available.
2. Is there a history of blackout or impaired consciousness within the last 5 years?  YES  NO  
 If **YES**, please give date(s) and details in **section 6**
3. Does the applicant suffer from narcolepsy or cataplexy?  YES  NO  
 If **YES**, please give date(s) and details in **section 6**
4. Is there a history of, or evidence of **ANY** conditions listed at a-h?  YES  NO  
 If **NO**, go to **question 2**  
 If **YES**, please give full details at **section 6** and supply relevant reports
- (a) Stroke or TIA  YES  NO  
 If **YES**, please give date
- Has there been a **full** recovery?  YES  NO  
 Has a carotid ultra sound been undertaken?  YES  NO
- (b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur  YES  NO
- (c) Subarachnoid haemorrhage  YES  NO
- (d) Serious traumatic brain injury within the last 10 years  YES  NO
- (e) Any form of brain tumour  YES  NO
- (f) Other brain surgery or abnormality  YES  NO
- (g) Chronic neurological disorders  YES  NO
- (h) Parkinson's disease  YES  NO

### 2 Diabetes mellitus

- YES NO
1. Does the applicant have diabetes mellitus?  YES  NO  
 If **NO**, please go to **section 3**  
 If **YES**, please answer the following questions.
2. Is the diabetes managed by:-
- (a) Insulin?  YES  NO  
 If **YES**, please give date started on insulin
- (b) If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)?  YES  NO  
 If **NO**, please give details in **section 6**
- (c) Other injectable treatments?  YES  NO
- (d) A Sulphonylurea or a Glinide?  YES  NO
- (e) Oral hypoglycaemic agents and diet?  YES  NO  
 If **YES** to any of a-e, please fill in current medication in **section 8**
- (f) Diet only?  YES  NO
3. (a) Does the applicant test blood glucose at least twice every day?  YES  NO
- (b) Does the applicant test at times relevant to 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
4. Is there any evidence of impaired awareness of hypoglycaemia?  YES  NO
5. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?  YES  NO
6. Is there evidence of:-
- (a) Loss of visual field?  YES  NO
- (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?  YES  NO
- If **YES** to any of 4-6 above, please give details in **section 6**
7. Has there been laser treatment or intra-vitreous treatment for retinopathy?  YES  NO
- 
- If **YES**, please give date(s) of treatment.

Applicant's full name

Date of birth

### 3 Psychiatric illness

Is there a history of, or evidence of, **ANY** of the conditions listed at 1–7 below?

- Please enclose relevant hospital notes
- If applicant remains under specialist clinic(s), ensure details are filled in at section 7.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Significant psychiatric disorder within the past 6 months                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psychosis or hypomania/mania within the past 3 years, including psychotic depression | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dementia or cognitive impairment   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Persistent alcohol misuse in the past 12 months                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Alcohol dependence in the past 3 years   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Persistent drug misuse in the past 12 months   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Drug dependence in the past 3 years  | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to **ANY** of questions 4-7, please state how long this has been controlled

Please give details of past consumption or name of drug(s) and frequency

### 4 Cardiac

#### 4A Coronary artery disease

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Is there a history of, or evidence of, coronary artery disease? | <input type="checkbox"/> | <input type="checkbox"/> |

If **NO**, go to **section 4B**

If **YES**, please answer all questions below and give details at **section 6** of the form and enclose relevant hospital notes.

- Has the applicant suffered from Angina?  YES  NO  
If **YES**, please give the date of the last known attack  DD  MM  YY
- Acute coronary syndromes including Myocardial infarction?  YES  NO  
If **YES**, please give date  DD  MM  YY
- Coronary angioplasty (P.C.1)?  YES  NO  
If **YES**, please give date of most recent intervention  DD  MM  YY
- Coronary artery by-pass graft surgery?  YES  NO  
If **YES**, please give date  DD  MM  YY

Applicant's full name

Date of birth

 DD  MM  YY

### 4B Cardiac arrhythmia

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Is there a history of, or evidence of, cardiac arrhythmia? | <input type="checkbox"/> | <input type="checkbox"/> |

If **NO**, go to **section 4C**

If **YES**, please answer all questions below and give details in **section 6**

- Has there been a **significant** disturbance of cardiac rhythm? i.e. Sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years  YES  NO
- Has the arrhythmia been controlled satisfactorily for at least 3 months?  YES  NO
- Has an ICD or biventricular pacemaker (CRST-D type) been implanted?  YES  NO
- Has a pacemaker been implanted?  YES  NO

If **YES**:-

- Please supply date of implantation  DD  MM  YY
- Is the applicant free of symptoms that caused the device to be fitted?  YES  NO
- Does the applicant attend a pacemaker clinic regularly?  YES  NO

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

#### 4C

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Is there a history or evidence of <b>ANY</b> of the following: | <input type="checkbox"/> | <input type="checkbox"/> |

If **NO**, go to **section 4D**.

If **YES**, please answer all questions below and give details in **section 6**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Peripheral arterial disease (excluding Buerger's disease)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant have claudication?<br>If <b>YES</b> , how long in minutes can the applicant walk at a brisk pace before being symptom-limited?<br>Please give details <input type="text"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Aortic aneurysm<br>If <b>YES</b> :<br>(a) Site of Aneurysm: Thoracic <input type="checkbox"/> Abdominal <input type="checkbox"/><br>(b) Has it been repaired successfully? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(c) Is the transverse diameter <b>currently</b> > 5.5 cm? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If <b>NO</b> , please provide latest measurement and date obtained <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Dissection of the aorta repaired successfully<br>If <b>YES</b> , please provide copies of all reports to include those dealing with any surgical treatment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a history of Marfan's disease?<br>If <b>YES</b> , provide relevant hospital notes  | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4D Valvular/congenital heart disease

YES NO

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

If **NO**, go to **section 4E**

If **YES**, please answer all questions below and give details in **section 6** of the form.

1. Is there a history of congenital heart disorder?
2. Is there a history of heart valve disease?
3. Is there any history of embolism? (not pulmonary embolism)
4. Does the applicant currently have significant symptoms?
5. Has there been any progression since the last licence application? (if relevant)

#### 4E Cardiac other

YES NO

Does the applicant have a history of **ANY** of the following conditions:

If **NO**, go to **section 4F**

If **YES**, please answer **ALL** questions and give details in **section 6**

- (a) a history of, or evidence of, heart failure?
- (b) established cardiomyopathy?
- (c) has a Left Ventricular Assist Device (LVAD) been implanted?
- (d) a heart or heart/lung transplant?
- (e) untreated atrial myxoma

#### 4F Cardiac investigations

**This section must be filled in for all applicants**

YES NO

1. Has a resting ECG been undertaken?    
If **YES**, does it show:-
  - (a) pathological Q waves?
  - (b) left bundle branch block?
  - (c) right bundle branch block?

If yes to a, b or c please provide a copy of the relevant ECG report or comment at **section 6**

2. Has an exercise ECG been undertaken (or planned)?

If **YES**, please give date and        
give details in **section 6**

Please provide relevant reports if available

- YES NO
3. Has an echocardiogram been undertaken (or planned)?    
(a) If **YES**, please give date        
and give details in **section 6**
  - (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%?    
Please provide relevant reports if available
  4. Has a coronary angiogram been undertaken (or planned)?    
If **YES**, please give date        
and give details in **section 6**  
Please provide relevant reports if available
  5. Has a 24 hour ECG tape been undertaken (or planned)?    
If **YES**, please give date        
and give details in **section 6**  
Please provide relevant reports if available
  6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?    
If **YES**, please give date        
and give details in **section 6**  
Please provide relevant reports if available

#### 4G Blood pressure

1. Please record today's blood pressure reading

YES NO

2. Is the applicant on anti-hypertensive treatment?    
If **YES** provide three previous readings with dates if available

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

Applicant's full name

Date of birth

## 5 General

Please answer **ALL** questions. If 'YES' to any give full details in **section 6**.

YES NO

1. Is there **currently** any functional impairment that is likely to affect control of the vehicle?
2. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?
3. Is there any illness that may cause significant fatigue or cachexia that affects safe driving?
4. Is the applicant profoundly deaf?    
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?
5. Does the applicant have a history of liver disease of any origin?    
If **YES**, please give details in **section 6**
6. Is there a history of renal failure?    
If **YES**, please give details in **section 6**
7. (a) Is there a history of, or evidence of, obstructive sleep apnoea syndrome?    
(b) Is there any other **medical condition** causing excessive daytime sleepiness?    
If **YES**, please give diagnosis  
  
If **YES**, to 7a or b please give  
(i) Date of diagnosis        
(ii) Is it controlled successfully?    
(iii) If **YES**, please state treatment  
  
(iv) Please state period of control  
  
(v) Date last seen by consultant
8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?
9. Does any medication currently taken cause the applicant side effects that could affect safe driving?    
If **YES**, please provide details of medication and symptoms in **section 6**
10. Does the applicant have an ophthalmic condition?    
If **YES**, please provide details in **section 6**
11. Does the applicant have any other medical condition that could affect safe driving?    
If **YES**, please provide details in **section 6**

## 6 Further details

Please forward copies of relevant hospital notes. **PLEASE DO NOT** send any notes not related to fitness to drive.

Applicant's full name

Date of birth

## 7 Consultants' details

Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address

Date of last appointment 

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in
Name
Address

Date of last appointment 

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in
Name
Address

Date of last appointment 

D	D	M	M	Y	Y
---	---	---	---	---	---

## 8 Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

## 9 Additional information

Patient's weight (kg)

Height (cms)

Details of smoking habits, if any

Number of alcohol units taken each week

## Examining doctor's details

To be filled in by doctor carrying out the examination  
**Please ensure all sections of the form have been completed. Failure to do so will result in the form being rejected.**

## 10 Doctor's details (please print name and address in capital letters)

Name

Address

Telephone

Email address

Fax number

### Surgery stamp

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### GMC registration number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Signature of medical practitioner

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Date of examination 

D	D	M	M	Y	Y
---	---	---	---	---	---

Applicant's full name

Date of birth 

D	D	M	M	Y	Y
---	---	---	---	---	---

# Applicant's details

To be filled-in in the presence of the doctor carrying out the examination

D4

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

## 11 Your details

Your full name
Your address
Email address

Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
Home phone number	<input type="text"/>						
Work/daytime number	<input type="text"/>						
Date when first licensed to drive a lorry	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
and/or bus	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

### About your doctor/group practice

Doctor/group name
Address
Phone
Email address
Fax number

## 12 Applicant's consent and declaration

### Consent and declaration

This section **MUST** be filled in and must **NOT** be altered in any way.

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

### Important information about consent

On occasion, as part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, 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. The membership of these Panels conforms strictly to the principle of confidentiality.

### Consent and declaration

I authorise my doctor(s) and specialist(s) to release reports/ medical information about my condition relevant to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and panel members.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief, they are correct.

I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.

Name

Signature

Date

I authorise the Secretary of State to

YES NO

Inform my doctor(s) of the outcome of my case

Release reports to my doctor(s)

Applicant's full name

Date of birth 

D	D	M	M	Y	Y
---	---	---	---	---	---



# Medical examination report D4

Information and useful notes

For more information go to [www.direct.gov.uk/driverhealth](http://www.direct.gov.uk/driverhealth)

**Important changes regarding European Union legislation – please read page 2 for more information**



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## Important changes

### Who can fill in this form

The medical examination report (D4) now includes a vision assessment that must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both the vision and medical assessment sections of the report. If your doctor is unable to fully answer all the questions on the vision assessment you must have it filled in by an optician or optometrist. If you do not wear glasses to meet the eyesight standard or if you have a minus (-) eyesight prescription, your doctor may be able to fill in the whole report. If you wear glasses and you have asked a doctor to fill in the report, you must take your current prescription to the assessment. Take this information booklet with you to any appointment you attend as it contains important information for the doctor, optician or optometrist. If you send us an incomplete report your application will be returned.

Both assessments must have taken place no more than four months before the date of your application and the date the medical examination report (D4) is received by DVLA.

DVLA is not responsible for any fees you pay to a doctor and/or optician/optometrist, even if you are unable to meet the medical standards of fitness to drive Group 2 vehicles and your application is refused.



## When do you need a D4

- If this is your first application for a Group 2 licence. This includes small and medium sized lorries, full sized lorries, buses and minibuses.
- If you are applying to renew your Group 2 entitlement at 45. From 45 on, a D4 will be needed every 5 years until you are 65 when it will be needed every year.
- If you are under 70, hold a medically restricted car licence and held this licence before 1 January 1997 and wish to apply for C1 or C1/D1 entitlement (vehicles between 3500kg and 7500kg and/or a maximum of 16 passenger seats).
- If you are applying for a new Group 2 provisional entitlement and a D4 has not been submitted in the last 12 months.
- If you are an EU/EEA driving licence holder whose authority to drive Group 2 in Great Britain has run out.
- If you are 70 and still need your C1 and D1 entitlement. You will need to send in a D4 every 3 years

### Please note

You do not need to send in a medical examination report (D4) when you renew a medically restricted licence until you are age 45. If you are over 45 and have a medically restricted licence, a D4 will be required every 5 years from age 45 or at the next renewal.

Further information about the D4 requirements can be found in booklet D100 (Driving Licences) available for download from [www.direct.gov.uk/driverhealth](http://www.direct.gov.uk/driverhealth) or at Post Office® branches.

**Instructions for you, your doctor and optician/optometrist are detailed on the next two pages.**

## A. What you need to do

- Read section D to find out if you can meet the medical standards needed for Group 2 (lorry and bus) driving **before** you arrange an appointment. (If you have any doubts about your fitness to meet the Group 2 medical standards, ask a doctor, optician or go to [www.gov.uk](http://www.gov.uk) for further information.
- If you consider that you meet the standards needed for Group 2 driving, you must arrange an appointment to have the D4 Medical report filled in. Some doctors will be able to complete both the Vision and Medical assessment sections of the report. They must be able to fully and accurately complete all the questions. Please check **before** arranging an appointment that the doctor is able to measure the visual acuity to the 6/7.5 line of a Snellen chart and can confirm the strength of your glasses (dioptries) from your prescription. **If you wear glasses (not contact lenses) to meet the eyesight standard required for driving, you must take a copy of your current prescription clearly showing your dioptric measurements with you to the assessment.**
- The D4 Medical assessment **must** be filled in by a doctor registered and licensed to practice in the United Kingdom or registered within the EU. If your own doctor fills in the D4 Medical assessment, it may speed up your application.
- If the doctor is unable to fully and accurately complete the Vision assessment you must arrange for an optician or optometrist to complete the assessment. Send the completed report (Vision and Medical assessment), application form and your driving licence to DVLA.
- **If you do not send all the forms together, it will delay your application.**
- **DVLA will not be responsible for any fees you have paid to a doctor and/or optician or optometrist, even if you are unable to meet the medical standards of fitness to drive Group 2 vehicles and your application has to be refused.**
- You must take a form of photographic identity to the examination, for example your passport or driving licence
- You should fill in Sections 11 and 12 on page 8 of the Medical assessment when you are with the doctor carrying out the medical examination.
- Both examinations must have taken place and have been signed and dated by the doctor and optometrist/optician no more than 4 months before the date the application is received by DVLA. If you develop a condition that could affect your ability to drive safely and you hold any type of driving licence, you must let DVLA know. Please see section D.

- You must check all sections of the Medical examination report have been filled in fully before sending your application to **Drivers Medical Group, DVLA, Swansea, SA99 1DF.**

## B. Information for the doctor

- Eyesight standards are explained in section D, point 1, Eyesight.
- Only complete the Vision assessment if you are able to fully and accurately complete **ALL** the questions. If you are unable to do this you must tell the applicant that they will need to arrange to have this part of the assessment completed by an optician or optometrist. You must be able to measure the applicant's visual acuity to at least 6/7.5 (decimal 0.8) of a Snellen chart (you may need to purchase a new Snellen chart in order to do this). You must also convert any 3 metre readings to the 6 metre equivalent. We will also accept the LogMAR equivalent. You must confirm which measurement scale has been used on the D4 medical examination report.
- You must also be able to confirm the strength of glasses (dioptries) from a prescription. The applicant has been advised that if they wear glasses to meet the required eyesight standard for driving they must bring their current prescription to the assessment. The spectacle prescription for either lens must not be greater than +8 dioptries. The combination of the sphere and cylinder in a plus prescription must be no greater than plus 8 (+8) dioptries.
- **If an applicant does not need glasses for driving or if they use contact lenses or if they have a minus (-) diopetre prescription, question 5 of the Vision assessment can be answered "No".**
- Please ensure that you confirm the applicant's identity before examination. They have been advised of the need to produce photographic identification.
- You must examine the applicant fully and answer sections 1 – 10 of the medical assessment.
- Make sure you fill in all sections, including consultant details in section 7 of the form, a surgery/practice stamp and your GMC registration number in section 10.
- Please obtain details of the applicant's medical history when you fill in the report. Details of any condition which has not been covered by the report should be given in section 6.
- You may find it helpful to read DVLA's 'At A Glance' booklet. You can download this from the 'medical rules for all drivers' section of **[www.dft.gov.uk/dvla/medical/medical\\_professionals.aspx](http://www.dft.gov.uk/dvla/medical/medical_professionals.aspx)**

- You can get more help by phoning 01792 782337 (10am to 1pm) and asking to speak to one of our medical advisers. Unless you have the applicant's consent, we will only be able to discuss the medical standards in general.

## C. Information for the optician/optometrist

- Eyesight standards are explained in section D, point 1, Eyesight
- Because the eyesight standards for driving have changed, anyone applying for a Group 2 licence must now provide a vision assessment as part of their D4 medical examination report. The vision assessment can be filled in by a doctor, optician or optometrist. In some cases the doctor may not be able to fully complete the report and will have advised applicant to arrange an appointment with an optician/optometrist.
- The assessment, including an eye examination, must be undertaken no more than 4 months before the date the application is received by DVLA. The applicant will be liable for any costs incurred.
- Please ensure that you confirm the applicants identity before examination. They have been advised of the need to produce photographic identification.
- The patient's visual acuity should be measured using the 6 metre Snellen chart but we will also accept the LogMAR equivalent. You must confirm which measurement scale has been used on the D4 medical examination report.
- If the applicant has a medical condition affecting their visual field, DVLA will commission formal visual field testing at a later date.
- You may find it helpful to read the vision section of DVLA's booklet 'At A Glance'. You can download this from the 'medical rules for all drivers' section of **[www.dft.gov.uk/dvla/medical/medical\\_professionals.aspx](http://www.dft.gov.uk/dvla/medical/medical_professionals.aspx)**
- You can get more help by phoning **01792 782337** (10am to 1pm) and asking to speak to one of our medical advisers. Unless you have the applicant's consent, we will only be able to discuss the medical standards in general terms.
- Make sure you answer all questions and provide any additional information in the box provided for details. Please include any consultant or specialist details.

## D. Medical standards

### Medical standards required for drivers of Group 2 vehicles (lorries, buses and minibuses) are higher than those required for Group 1 (car and motorcycle) drivers.

These standards also apply when renewing categories C1 (small or medium lorries between 3500–7500kg) and D1 (minibuses not for hire or reward) which were given when a car driving test was passed before 1 January 1997.

#### 1. Eyesight

All drivers must be able to read in good light with glasses or contact lenses if worn, a car number plate from 20 metres (post 01.09.2001 font) and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better.

#### Applicants for Group 2 entitlements must also have, as measured by the 6 metre Snellen chart.

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye. This may be achieved with or without glasses or contact lenses.
- If glasses are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than **plus 8 (+8)** dioptres.

We **may** still issue a driving licence if:

- You are an applicant who first held a Group 2 driving licence after 1 March 1992 and also held that licence on 31 December 1996 and have an acuity of 6/9 (decimal Snellen equivalent 0.6) in the better eye and 6/12 (decimal Snellen equivalent 0.5) in the worse eye and an uncorrected acuity of 3/60 (decimal Snellen equivalent 0.05) in at least one eye.

or

If you cannot meet the eyesight standards above but were first licensed to drive Group 2 vehicles before 1 March 1992, you may still be considered for a licence provided you can still meet the eyesight standards which applied when you first held a Group 2 licence. You must also be able to meet the eyesight standard for all drivers and you would not be able to apply for any new lorry or bus entitlements that you have not previously held. You can get more information about the medical standards from Drivers Medical Group, DVLA, Swansea SA99 1TU or phone 0300 790 6807.

Car driving licence holders who are renewing category C1 (small or medium lorries between 3500 – 7500 kg) need to meet the number plate test and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better. Category D1 (minibuses not for hire or reward) must meet the eyesight standard for Group 2 drivers.

#### Visual field

The horizontal visual field should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

#### Monocular vision

Drivers who have sight in one eye only or their sight in one eye has deteriorated to less than 0.05 (3/60) cannot normally be licensed to drive Group 2 vehicles. The exceptions are if:

- You were licensed to drive Group 2 vehicles before 1 April 1991 and the Traffic Commissioner who issued the licence knew that you had sight in only one eye before 1 January 1991. You must have a visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) if you held a Group 2 licence on 1 April 1983 or 6/9 (decimal Snellen equivalent 0.6) if you were licensed after that date. A certificate of recent driving experience will also be required. DVLA will send this certificate to you for completion on receipt of a valid application. Drivers cannot apply for new vehicle category entitlements, only those you had previously held, or,
- You are applying to renew entitlement to drive category C1 (vehicles between 3500kg and 7500 kg) that was granted with your Group 1 (car and motorcycle) licence if you had passed a car driving test before 1 January 1997.

#### Uncontrolled symptoms of double vision

If you have uncontrolled symptoms of double vision, or you have double vision treated with a patch, you will not be allowed to hold a Group 2 licence.

A new applicant or existing licence holder who is unsure about the medical eyesight standards to hold a Group 2 licence should check with **Driver's Medical Group, DVLA, Swansea SA99 1TU** or phone **0300 790 6807**.

## 2. Epilepsy or liability to epileptic attacks

If you have been diagnosed as having epilepsy, (this includes all events: major, minor and auras), you will need to remain free of seizures without taking anti-epilepsy medication for 10 years.

If you have a condition that causes an increased liability to seizures, for example a serious head injury, the risk of you having a seizure must have fallen to no greater than 2% per annum prior to application.

DVLA must refuse an application or revoke the licence if you cannot meet these conditions.

## 2a. Isolated seizure

If you have had only an isolated seizure, you may be entitled to drive lorries and buses 5 years from the date of the seizure, provided that you are able to satisfy the following criteria:

- no relevant structural abnormality has been found in the brain on imaging
- no definite epileptic activity has been found on EEG (record of the brain waves)
- you have not been prescribed medication to treat the seizure for at least 5 years since the seizure
- you have the support of your neurologist
- your risk of a further seizure is considered to be 2% or less per annum (each year).

You are strongly advised to discuss your eligibility to apply for your driving licence with your doctor(s) before getting a (D4) medical examination report filled in.

## 3. Insulin treated Diabetes

If you have insulin-treated diabetes you may be eligible to apply for a Group 2 licence.

An annual assessment by a hospital consultant specialising in the treatment of diabetes is required and you will have to meet strict criteria for controlling and monitoring your diabetes. This includes having at least 3 months of blood glucose readings available for inspection on a blood glucose meter(s) with a memory function.

For further information, please refer to leaflet INS186 – A guide for drivers with diabetes who wish to apply for vocational entitlement. This is available to download from [www.gov.uk/diabetes-driving](http://www.gov.uk/diabetes-driving)

## 4. Other medical conditions

An applicant or existing licence holder is likely to be refused a Group 2 licence if they cannot meet the recommended medical guidelines for any of the following:

- within 3 months of a coronary artery bypass graft (CABG)
- angina, heart failure or cardiac arrhythmia which remains uncontrolled
- implanted cardiac defibrillator
- hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more
- a stroke or transient ischemic attack (TIA) within the last 12 months
- unexplained loss of consciousness with liability to recurrence

- Meniere's disease, or any other sudden and disabling vertigo within the past year, with a liability to recurrence
- major brain surgery and/or recent severe head injury with serious continuing after-effects or a likelihood of causing seizures
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving
- psychotic illness in the past 3 years
- serious psychiatric illness
- if major psychotropic or neuroleptic medication is being taken
- alcohol and/or drug misuse in the past 1 year or alcohol and/or drug dependence in the past 3 years
- dementia
- cognitive impairment likely to affect safe driving
- any malignant condition in the last 2 years, with a significant liability to metastasise (spread) to the brain
- any other serious medical condition likely to affect the safe driving of a Group 2 vehicle
- cancer of the lung.

## 5. Facts you should know about excessive sleepiness/tiredness and driving

**There is no excuse for falling asleep at the wheel and it is not an excuse in law.**

- Up to one fifth of accidents on motorways and other monotonous types of roads may be caused by drivers falling asleep at the wheel.
- 18 – 30 year old males are more likely to fall asleep at the wheel when driving late at night.
- Modern life styles such as early morning starts, shift work, late and night socialising, often lead to excessive tiredness by interfering with adequate rest.
- Drivers who fall asleep at the wheel have a degree of warning.
- Natural sleepiness/tiredness occurs after eating a large meal.
- Changes in body rhythm produce a natural increased tendency to sleep at two parts of the day;  
Midnight – 6am  
2pm – 4pm
- Although no one should drink and drive at any time, alcohol consumed in the afternoon may be twice as potent in terms of producing sleepiness and driving impairment as the same amount taken in the evening.

- Prescribed or over-the-counter medication can cause sleepiness as a side effect. Always check the label if you intend to drive.

### **Medical Conditions causing sleepiness**

All drivers are subject to the pressures of modern life, but many drivers are unaware that some medical conditions also cause excessive sleepiness/tiredness. These, alone or in combination with the factors mentioned previously, may be sufficient to make driving unsafe. A road traffic accident may be the first clear indication of such a sleep disorder.

### **Obstructive Sleep Apnoea (OSA)**

- OSA is the most common sleep-related medical disorder.
- OSA significantly increases the risk of traffic accidents.
- OSA occurs most commonly, but not exclusively, in overweight individuals.
- Partners often complain about snoring and notice that the sufferers have breathing pauses during sleep.
- OSA sufferers rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.
- Long distance lorry and bus drivers affected by OSA are of great concern as most will be driving on motorway type of roads and the size or nature of the vehicle gives little room for error.
- At least four in every hundred men have OSA.
- Sleep problems arise more commonly in older people.
- Lifestyle changes, for example weight loss or cutting back on alcohol, will help ease the symptoms of OSA.
- The most widely effective treatment for OSA is Continuous Positive Airway Pressure (CPAP). This requires the patient to wear a soft face mask during sleep to regulate breathing. This treatment enables patients to have a good night's sleep, so reducing daytime sleepiness and improving concentration.

### **Other sleep related conditions**

Illnesses of the nervous system, such as Parkinson's disease, multiple sclerosis (MS), motor neurone disease (MND) and narcolepsy may also cause excessive sleepiness or fatigue although sometimes these illnesses alone may cause drivers to be unfit for driving.

Tiredness or excessive sleepiness can be a non-specific symptom of Parkinson's disease, MS, MND or may also be related to prescribed medication.

Narcolepsy also causes daytime sleepiness/tiredness as well as other symptoms that may be disabling for drivers.