Questionnaire to assess your medical fitness to drive

If you are unsure of the answers, please discuss the form with your doctor

1. Have you ever experienced any of the following attacks in the past 12 months? (please tick)	Date of last attack: DD MM YYYY	Frequency of attacks:
a) Dizziness/Giddiness	_____	_____
b) Meniere's disease	_____	_____
c) Vertigo	_____	_____
d) Other (Please state name of condition diagnosed)	_____	_____

2. Do you have warning of the attacks? Yes ____ No ____
3. Is the condition disabling? Yes ____ No ____
4. Are you receiving treatment to control the attacks? Yes ____ No ____ If yes, please give details of the treatment below e.g. Medication, dosage etc NB: If you are taking medication for your condition, please provide proof of medication. This needs to be a recent prescription or copies of the labels from your medication.
5. Are the attacks completely controlled? Yes ____ No ____
6. How often do you visit your doctor or consultant in relation to your condition?

Supplementary evidence required for category 7: Epilepsy

When applying with epilepsy, please provide the following to help us assess your eligibility:

1. Proof of medication. This needs to be a recent prescription or copies of the labels from your medication.

2. We also need a letter from your GP/epilepsy specialist on letter headed paper giving the following information:

- Type of epilepsy
- Date and time of last seizure
- Frequency of seizures

Supplementary evidence required for category 7: Mental Health

When applying with a mental health condition, please provide the following to help us assess your eligibility:

1. Name of your mental health condition

2. Proof of the medication you are taking. This needs to be a recent prescription or copies of the labels from your medication

3. If your medication is administered by your community mental health team, please provide (on letter headed paper from the team) proof of the type, dosage and frequency of medication administered.