

Declaration of Driving Documents

It is an offence for a person to drive any vehicle without a valid driving licence for that particular vehicle. It is also an offence to cause or permit another person to drive without a valid licence for the vehicle.

This is a declaration that I _____ (Print Name)

Have produced the following documents: *(Please tick relevant boxes)*

My latest Driving Licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Driver Qualification Card		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digital Tachograph Card		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: Fork lift Etc _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the Name and Address shown on your Driving Licence current and correct? Yes No

Do you have any pending driving convictions, endorsements or disqualifications? Yes No

If 'Yes' please provide relevant details (offence, date occurred etc)

(Please continue on a separate sheet if necessary)

Have you experienced any change in your health which could affect your entitlement to drive? Yes No

In particular do you or have you suffered from any of the following:

Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits or blackouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repeated attacks of sudden disabling giddiness (preventing you from functioning normally)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes controlled by insulin or tablets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe learning difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serious psychiatric illness or mental ill-health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An implanted cardiac pacemaker, cardiac defibrillator (ICD) or anti-ventricular tachycardia device fitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Angina (heart pain), other heart conditions or heart operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any type of brain surgery, severe head injury involving in-patient treatment at hospital, or brain tumour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other chronic (long term) neurological condition including Multiple Sclerosis, Motor Neurone Disease or Huntington's Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A serious problem with memory or periods/episodes of confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parkinson's disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continued over the page

- Stroke, with any symptoms lasting longer than 1 month or recurrent 'mini-strokes' Yes No
- Any form of stroke, including TIAs (Transient Ischaemic Attacks) Yes No
- Continuing/permanent difficulty in use of arms or legs Yes No
- Persistent alcohol abuse or dependency Yes No
- Persistent drugs or chemical abuse or dependency Yes No
- Narcolepsy Yes No
- Sleep apnoea syndrome Yes No
- Total loss of sight in one eye Yes No
- Any visual disability that affects both eyes or the remaining eye (not including short sight, long sight or colour blindness) Yes No
- Any condition affecting your visual field (the surrounding area you can see when looking directly ahead) Yes No
- Any visual problem affecting either eye (not including short sight, long sight or colour blindness) Yes No

If you have ticked 'Yes' to any of the 'health' related questions please provide relevant details:

(Please continue on a separate sheet if necessary)

- Have you told us about this condition before? N/A Yes No
- Has the condition got worse? N/A Yes No

I will inform my employer as soon as possible, in writing, of any changes to the above including:

- Change of home address.
- Any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive.
- Any change to my health which could impact on my entitlement to drive, including any of the conditions listed above. I understand that I must also inform the DVLA by writing to the Drivers Medical Unit, DVLA, Swansea SA99 1TU.

I am aware that I must carry my Driver Qualification Card with me at all times, whilst driving vehicles over 3½ tonnes gross vehicle weight in a professional capacity.

Failure to conform to any of the above instructions is a criminal offence, punishable by a fine of up to £1000.

I have read and fully understand the above and will comply with what is requested of me.

Signed: _____

Date: _____