



INF4D

# Medical Examination Report D4

## Information and useful notes

**D4**

**Medical Examination Report**  
To be completed by the Doctor (please use black ink)  
Please answer all questions

Please give patient's weight (kg/ston)  height (cms/ft)

Please give details of smoking habits, if any

Please give number of alcohol units taken each week

	1	2	3
Details of specialist(s)/consultants, including address			

Speciality

Date last seen

Current medication including exact dosage and reason for each treatment

Date when first licensed to drive a lorry  and / or bus

**1 Vision** (Please see Eyesight notes on page 2 and 3)

	YES	NO
1. Is the visual acuity at least 6/9 in the better eye and at least 6/12 in the other? (corrective lenses may be worn) as measured with the full size 6m Snellen chart	<input type="checkbox"/>	<input type="checkbox"/>
2. Do corrective lenses have to be worn to achieve this standard? If YES, is the:-	<input type="checkbox"/>	<input type="checkbox"/>
(a) uncorrected acuity at least 3/60 in the right eye?	<input type="checkbox"/>	<input type="checkbox"/>
(b) uncorrected acuity at least 3/60 in the left eye? (3/60 being the ability to read the 6/60 line of the full size 6m Snellen chart at 3 metres)	<input type="checkbox"/>	<input type="checkbox"/>
(c) correction well tolerated?	<input type="checkbox"/>	<input type="checkbox"/>

3. Please state the visual acuities of each eye in terms of the 6m Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected	Corrected (if applicable)
Right <input type="text"/> Left <input type="text"/>	Right <input type="text"/> Left <input type="text"/>
Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>
Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>

4. Is there a defect in his/her binocular field of vision (central and/or peripheral)?

5. Is there diplopia? (controlled or uncontrolled)?

6. Does the applicant have any other ophthalmic condition?  
If YES to 4, 5 or 6, please give details in Section 7 and enclose any relevant visual field charts or hospital letters.

Applicant's name  DOB



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## Important information

**Medical Report on an applicant for Medium Vehicles (between 3.5 and 7.5 tonnes), Large Goods Vehicles (LGV) or Passenger Carrying Vehicles (PCV) (over 8 seats). Categories C1, C1+E, D1, D1+E, C, C+E, D and D+E (Group 2).**

- Car licence holders not renewing C1/D1 driving entitlement do not require a D4.
- **If this is your first application for the above, you must send in the Medical Report form D4 completed by a Doctor.**
- If you are renewing your LGV/PCV entitlement on or after age 45, licences are usually issued for a period of 5 years until the age of 65. A completed medical report form D4 must accompany each renewal application.
- **If you are aged between 45–65 and have been issued a medical short period licence, then you only need to submit a D4 if you have not done so in the last 5 years.**
- From age 65, licences are issued for one year and each renewal must be accompanied by a completed medical report form D4.
- Car licence holders aged 70 or over do not need to submit this form **unless** renewing entitlement to drive minibuses not for hire or reward\* (D1) and/or 3.5–7.5 tonne vehicles (C1).
- Car licence holders under 70 who have a medically restricted licence and are renewing entitlement to drive minibuses not for hire or reward \* (D1) and/or 3.5–7.5 tonne vehicles (C1) must submit a D4 when **first renewing this entitlement, then at age 70 and 3 yearly thereafter** (if C1/D1 still required).

- EC/EEA licence holders whose authority to drive LGV/PCV in Great Britain has expired also need to have this form completed by a doctor in support of their application for a British licence. Further details about this can be found in booklet D100 available at Post Office® branches.
- \*Hire or reward encompasses any payment in cash or kind by (or on behalf of) passengers which gives them a right to be carried.

**Instructions for you and your doctor are detailed on the next two pages.**

**A****What you have to do**

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1. **Before** consulting your doctor please read the notes overleaf at **Section C, pages 7–11 (Group 2 Medical Standards)**. **If you have any of these conditions you may not be granted this entitlement.**
2. If, after reading the notes, you have any doubts about your ability to meet the standards, consult your Doctor/Optician for advice **before** you arrange for this medical form to be completed. The doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is **not** refundable. DVLA has **no** responsibility for the fee payable to the Doctor. The examination has to be carried out by a doctor practising in Great Britain or any other EC/EEA country. **Completion of the report by your own Doctor may speed up your application.**
3. Fill in **Section 8 and Section 9** on **pages 7 and 8** of this report in the presence of the doctor carrying out the examination.
4. **This report, together with your application form D2, must be received at DVLA within 4 months of the Doctor signing the report. Failure to submit both forms together will lead to difficulties and delay in the processing of your application.**
5. **If, in future, you develop symptoms of a condition which could affect safe driving (see pages 5–11) and you hold any type of driving licence, you must inform the Drivers Medical Group, DVLA, Longview Road, Swansea SA99 1TU.**
6. If you have any queries please telephone 0870 241 1879
7. Before sending in the completed form with your application, check that all the sections have been completed fully.

## **B** What the doctor has to do

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1. Arrange for the patient to be seen and for a full examination to be undertaken
2. Complete sections 1–7 and 10 of the D4 report. It may be helpful to consult DVLA's "At A Glance" booklet. The Doctor may obtain further help by telephoning 01792 761119 and asking to speak to one of the Medical Advisers. We need to know the applicant's full name, address and date of birth. After hours, there is an answerphone; in addition to the Doctor's name we need to know the surgery address, a phone number and time when it might be convenient to return the call. Alternatively, up-to-date standards can be accessed on the DVLA website **[www.dvla.gov.uk](http://www.dvla.gov.uk)**
3. Advise applicants who may be symptom-free at the time of the examination that if, in future, they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence (see pages 5–11 and "At A Glance" guide), they must inform the Drivers Medical Group, DVLA, Longview Road, Swansea SA99 1TU.
4. **Ensure all sections are completed, including consultant/specialist details where appropriate and the surgery/practice stamp.**
5. **Make every effort to establish the applicants' medical history when completing the D4 form. If the report does not bring out important clinical details with respect to driving, details should be given in section 7.**

**Medical standards for drivers of large vehicles in categories C1, C1+E, D1, D1+E, C, C+E, D and D+E are higher than those required for car drivers.** The standards also apply to those renewing entitlement to drive minibuses (not for hire or reward) and 3.5–7.5 tonne vehicles gained through a car licence held prior to 1 January 1997.

**The following conditions are a bar to the holding of any of these licence categories.**

### 1. Epilepsy or liability to epileptic attacks

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10-year period. For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. DVLA must refuse or revoke the licence if these conditions cannot be met.

### 2. Diabetes

Drivers with insulin treated diabetes may **NOT** obtain a licence for categories C, C+E, D, D1 and D+E **UNLESS** they held a HGV/PSV licence valid on 1 April 1991 and the Traffic Commissioner in whose area they lived, or who issued the licence, had knowledge of the insulin treatment before 1 January 1991. Drivers with insulin treated diabetes applying for **C1, C1+E** entitlement (vehicles between 3.5 and 7.5 tonnes with a trailer up to a combined weight of 8.25 tonnes, or 12 tonnes if a separate test has been passed previously), will need specialist assessment and must meet strict criteria for diabetic control and meet the other higher medical standards (Group 2). If you have any condition other than insulin treated diabetes the doctor should be able to advise you if you meet the relevant higher medical standards. Please refer to the section “other medical conditions” on this form. If you suffer with any of the listed conditions or you wish to apply for C1/C1E entitlement you may wish to contact the Agency on telephone number 0870 241 1879 to confirm your eligibility before proceeding with the application.

### 3. Eyesight

All applicants, for any category of vehicle, must be able to read in good light with glasses or corrective lenses if necessary, a number plate at 20.5 metres (67 feet) or 20 metres (65 feet), where narrower characters are displayed (50mm wide). The characters displayed on all new and replacement number plates manufactured from September 2001 are 50mm in width instead of 57mm. See D100 for details.

In addition:

**(i) Applicants for medium/large goods or passenger carrying vehicle entitlements must by law have:**

- **A visual acuity of at least 6/9 in the better eye; and**
- **A visual acuity of at least 6/12 in the worse eye; and**
- **If these are achieved by correction, the uncorrected visual acuity in each eye must be no less than 3/60.**

An applicant who held a licence before 1 January 1997 and who has an uncorrected acuity of less than 3/60 in only one eye **may** be able to meet the required standard and should check with Drivers Medical Group, DVLA, Swansea SA99 1TU, or telephone 0870 241 1879, about the requirement.

An applicant who has held an LGV/PCV (formerly HGV/PSV) licence before 1 March 1992 but who does not meet the standard in **(i)** above **may** still qualify for a licence. Information **about** the standard and other requirements can be obtained from **Drivers Medical Group**, (address as above).

Car licence holders renewing 3.5–7.5 tonne vehicle and minibus entitlement (see note at top of page) are required to meet the numberplate test and, in addition, minibus entitlement requires the eyesight standard set out in **(i)** above to be met.

#### **Normal binocular field**

The 2nd E.C. Directive requires a normal binocular field of vision for Group 2 drivers.

## **Monocular vision**

Drivers who have monocular vision are barred in law from holding C, C1 (12 tonnes combined), D or D1 entitlements. The only exceptions are those drivers whose C or D entitlements had been issued prior to 1/1/91 in the knowledge of monocularity and were still in force on 1/4/91 or drivers who passed a C1 test prior to 1/1/97. A minimum acuity of 6/12 is required if licensed on 1/1/1983 and 6/9 if since. A certificate of recent driving experience will also be required. DVLA will send this certificate on receipt of a valid application.

- \* Drivers whose best vision in one eye has deteriorated since the previous application to less than 3/60 will be considered functionally monocular and a Group 2 licence will be refused.

## **Uncontrolled symptoms of double vision**

Uncontrolled symptoms of double vision precludes licensing. As monocularity is a bar, the treatment of double vision with a patch is not acceptable for Group 2 driving.

An applicant who is in doubt about the required eyesight standard should check with Drivers Medical Group, DVLA, Longview Road, Swansea SA99 1TU or telephone 0870 241 1879.

An applicant (or existing licence holder) failing to meet epilepsy, diabetes or eyesight regulations must be refused by law.

## **4. Other medical conditions**

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be refused if they are unable to meet the recommended medical guidelines in the following situations:-

- Within 6 weeks of: myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty.
- Angina, heart failure or cardiac arrhythmia which remain uncontrolled.
- Implanted cardiac defibrillator.
- Hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more.

- A stroke or TIA within the last 12 months.
- Unexplained loss of consciousness with liability to recurrence.
- Meniere's, or any other sudden and disabling vertigo within the past 1 year, with a liability to recurrence.
- Insuperable difficulty in communicating by telephone in an emergency.
- Major brain surgery and/or recent severe head injury with serious continuing after effects.
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving.
- Psychotic illness, within the past 3 years.
- Serious psychiatric illness.
- If major psychotropic or neuroleptic medication is being taken.
- Alcohol and/or drug misuse within the past 1 year or alcohol and/or drug dependency in the past 3 years.
- Dementia.
- Any malignant condition, within 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 medium/large goods or passenger carrying vehicle.

## **5. Tiredness: Sleep Disorders**

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel.

Many accidents are attributed to "driver inattention" but once vehicle faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking.

Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 2am and 7am increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address these problems responsibly.

However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness.

The commonest medical cause is **OBSTRUCTIVE SLEEP APNOEA SYNDROME (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large collar size. Partners often complain about the snoring and notice that sufferers seem to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.

**OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents.** However, once diagnosed, there is very effective treatment available, normally through specialist centres. The greatest danger is prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause.

**Sleepiness can kill: Stay Alert**

