



# Medical Examination Report D4

Information and useful notes

For more information go to www.direct.gov.uk/motoring





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Car licence holders who are not renewing C1/D1 driving entitlement do not require a D4.

# Important information

Medical Examination report D4 for an application for licences for 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, D+E (Group 2).

- 1. If this is your first application for the above, you must send in the Medical Examination Report form D4, completed by a doctor within the last 4 months.
- **2.** LGV/PCV entitlement must be renewed at 45, and at 5 yearly intervals until 65. A completed medical examination report form D4 must accompany each renewal application.
- **3.** If you are aged between 45–65 and have been issued a short period licence on medical grounds, with a duration of 1, 2 or 3 years, then you only need to submit a D4 if you have not done so in the last 5 years.
- **4.** From age 65, licences are issued for one year and each renewal must be accompanied by a completed medical report form D4.
- 5. 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).
- **6.** There are separate rules for C1 drivers who have Diabetes that is treated by insulin. If you require more information please telephone 0870 600 0301.
- 7. EC/EEA licence holders whose authority to drive LGV/PCV vehicles 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 for download from www.direct.gov.uk/motoring or 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

- 1. You must arrange an appointment with a doctor for a full examination which has to be carried out by a doctor practising in Great Britain or any other EC/EEA country. Completion of the D4 medical examination report by your own doctor may speed up your application. Before arranging an appointment, please read section C pages 6–10 (LGV/PCV (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 a Doctor/Optician for advice before you arrange for this medical form to be completed. The doctor will normally charge you for completing the report and those registered for VAT are also required to charge an additional 17.5% on top of their fee. 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.
- 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, 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 6–10) and you hold any type of driving licence, you must inform the Drivers Medical Group, DVLA, Swansea SA99 1TU.
- **6.** If you have any queries please telephone 0870 600 0301 between the hours of 8.15am and 4.30pm Monday to Friday.
- **7.** Before sending in the completed form with your application, check that all the sections have been completed fully.

# **B.** Information for the doctor

- 1. Please undertake a full examination of the patient.
  This should include urine screening for glucose.
- 2. Complete sections 1–7 and 10 of the D4 report. It may be helpful to consult DVLA's "At A Glance" booklet. This is available for download at the "medical rules for all drivers" section of

## www.direct.gov.uk/motoring

The Doctor may obtain further help by telephoning 01792 761119 (10.00am to 3.00pm) and asking to speak to one of the Medical Advisers. We need to know the applicant's full name, address and date of birth. Alternatively, up-to-date standards can be accessed at www.direct.gov.uk/motoring

- **3.** Ensure all sections are completed, including consultant/specialist details where appropriate and the surgery/practice stamp.
- 4. Make every effort to establish the applicant's medical history when completing the D4 form. If you do not hold the patients records and the report does not bring out important clinical details with respect to safe driving, details should be given in section 7.

# C. Group 2 Medical Standards

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) which includes all events major, minor and auras, require 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, e.g. serious head injury, the risk of seizure must fall to no greater than 2% per annum. 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 600 0301 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:

- 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 600 0301, 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 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 LGV/PCV (Group 2) drivers i.e, any area of defect in a single eye is totally compensated for by the field of the other eye.

#### Monocular vision

A minimum acuity of 6/12 is required if licensed on 1/1/1983 and 6/9 if first licensed since that date. 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 to you for completion 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, Swansea SA99 1TU or telephone 0870 600 0301.

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 3 months of a CABG.
- 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 Disease, 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 types of roads may be caused by drivers falling asleep at the wheel.
- Although many accidents are attributed initially to "driver inattention", once other causes are excluded (vehicle faults, poor road and weather conditions, traffic offences and blackouts), investigation suggests driver sleepiness as the cause.
- Typically, in sleep related crashes, the signs of emergency braking are absent and there is a failure to respond to clearly visible road/traffic conditions.
- 18 30 year old males are more likely to fall asleep at the wheel.
- Leisure Drivers drive longer distances at key Bank Holiday times than they are used to.
- Driving for work 40% of all fatigue related crashes involve someone who was driving for work at the time.

Modern life styles such as early morning starts, shift work, late and night socialising, often lead to excessive tiredness by preventing adequate rest.

## **Medical Conditions causing sleepiness**

Although all drivers are subject to the pressures of modern life, many drivers are unaware that some medical conditions also cause excessive sleepiness which 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 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.
- Estimates suggest four in every hundred men have OSA.
- Age can be a factor, sleep problems arising more commonly in older people.

## Other sleep related conditions

Illnesses of the **nervous system**, such as **Parkinson's disease**, **MS**, **MND** may also cause excessive sleepiness 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.

Even if a medical condition is the cause of falling a sleep at the wheel, it is not an excuse in law.

