

Note for managers: drivers' licences should be checked regularly, with the DVLA directly or through a licence checking service such as those listed in Brake's [fleet service directory](#), to ensure licences are clean and valid. This form is intended to complement this process, not replace it.

Use this form to communicate to drivers the requirement for a clean, valid licence and the need to inform of any health conditions that may affect their driving. The completed form should be kept on file as a record of the driver's understanding and acceptance of these requirements.

Driver's licence declaration

It is an offence for a person to drive on a road any vehicle otherwise than in accordance with a licence authorising him/her to drive it. It is also an offence for a person to cause or permit another person to drive it.

This is a declaration that I, [employee name], have produced my latest licence, and that I have no pending convictions, endorsements or disqualifications.

I have made [relevant national licensing authority, e.g. DVLA in the UK] aware of any health issues which could affect my entitlement to drive, and have had no change in my health, which could affect my entitlement to drive, in particular for the following conditions:

- Epilepsy, fits or blackouts
- Repeated attacks of sudden dizziness that prevents you from functioning normally
- Diabetes controlled by insulin or tablets
- An implanted cardiac pacemaker
- An implanted cardiac defibrillator (ICD)
- Persistent alcohol or drug abuse or dependency
- Parkinson's disease
- Narcolepsy or sleep apnoea syndrome
- Any form of stroke, including TIAs (Transient Ischaemic Attacks)
- Any type of brain surgery, severe head injury involving inpatient treatment, or brain tumour
- Any other chronic (long term) neurological condition
- A serious problem with memory or episodes of confusion
- Severe learning disability
- Serious psychiatric illness or mental ill-health
- Total loss of sight in one eye
- Any condition affecting both eyes, or the remaining eye only (not including short or long sight or colour blindness)
- Any condition affecting your visual field (*the area you can see when looking directly ahead*)
- Any persistent limb problem for which your driving has to be restricted to certain types of vehicles or those with adapted controls
- Angina, other heart conditions or heart operation

If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform [relevant national licensing authority] in writing. I will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible.

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

Signed:

Date: