

**Driving Permit
Medical Self Declaration
(For Driving In Controlled Areas Only)**

Name		D.O.B.	
Address		Licence No.	
Post code		Home Phone	
		Mobile Phone	
Employer			
Address			
Post Code			

Applicants Declaration

Please tick the appropriate box(s)

- Has a doctor or nurse advised you against any form of driving Yes No
- Have you any medical condition, health problem, or take any type of medication, which may impair your ability to drive safely, either now or in the future? Yes No

Note. Any applicant with an insulin dependent diabetes, any form of epilepsy, any form of heart disease including past heart attack, alcohol dependency, sight in one eye only, colour blindness, sleep apnoea or those taking any medicine which could affect their ability to safely drive must have a health check prior to the permit being issued.

- Within the last 10 years have you been involved in any road traffic accident, either in the airside environment or on the public roads, where eyesight, health or medication was a factor? Yes No
- Do you have any disability, which is likely to affect your driving? Yes No

I have completed the above questions by ticking the correct response, and understand that any false declaration on this form could result in prosecution and other disciplinary action as well as removal of my driving permit. (The fact that the Airside environment is not a public road does not give exemption from this requirement) I understand that (a) if I am advised by an optician, doctor or nurse to wear spectacles or contact lenses when driving, then this advice must be followed, and (b) that if I have any doubt whatsoever about my fitness to drive, either now or in the future, I must stop driving and advise my manager immediately.

Signature of applicant

Date

Managers Declaration

- In my opinion, there is no reason to suspect that He /She is in any way unsafe to drive in controlled airside areas.
- I see and keep a copy of the each drivers licence at regular intervals to ensure DVLA compliance.

Signature of Manager

Date

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