

This Certificate is to be completed in support of applications for Group 1 category entitlement as required by the Motor Vehicles (Driving Licences) (Jersey) Order 2003.

Before your driving licence application can be processed, the Issuing Authority (Parish of residence) must be satisfied that you are fit to drive the vehicle category you are applying for. If required to complete this form, you must:

- Complete Section 1 and the bottom of each page of this form with your name and date of birth where required
- If your Registered Medical Practitioner is unable to complete section 3 (vision assessment) it should be completed by an Optometrist
- Complete section 2a in the presence of the Registered Medical Practitioner
- Arrange for a Registered Medical Practitioner (who must be registered in accordance with the Medical Practitioners (Registration) (Jersey) Law 1960), to complete the remainder
- Ensure the fitness to drive declaration 2b is signed by the Registered Medical Practitioner
- Submit the form to your Issuing Authority in support to your application

You are responsible for any fee charged by the Registered Medical Practitioner.

IMPORTANT

By Law, you must tell us if you have any medical condition which could affect your driving unless there are reasonable grounds for believing that the duration of the medical condition will not extend beyond the period of 3 months beginning with the date on which the licence holder first became aware of suffering from it. Failure to do so may be deemed an offence. This report is only valid for 3 months from the date of examination.

APPLICANTS

1. Your details

Surname:

Forenames:

Telephone number:

Email:

Address:

Post Code

Medical Practitioner:

2a. Declaration

You must sign this declaration when you are with the Registered Medical Practitioner who will be completing the below sections.

I authorise the Registered Medical Practitioner, Optician or Optometrist completing this form to release medical information to the Issuing Authority about any medical condition that is relevant to my fitness to drive.

I understand that the Issuing Authority may disclose relevant medical information that is necessary to investigate my fitness to drive to the Licensing Authority and Independent Medical Advisors or Driving Assessors.

I declare that I have disclosed any relevant medical conditions to the Registered Medical Practitioner during this examination and I am aware that making a false or misleading declaration is a criminal offence.

Signature:

Date:

REGISTERED MEDICAL PRACTITIONER

2b. Certification

I am a Registered Medical Practitioner in accordance with the Medical Practitioners (Registration)(Jersey) Law 1960 and certify that I have this day examined the applicant named in Section 1, and who has signed this form in my presence and that they are Fit/Unfit to drive Group 1 vehicles.

Consult the notes for Registered Medical Practitioner on the next page and the UK DVLA "assessing fitness to drive - a guide for medical professionals" where required.

Fit

Unfit

Signature of Medical Practitioner:

Date:

Registered Medical
Practitioner
Stamp:

Telephone number:

Your Parish is a 'controller' under the Data Protection (Jersey) Law 2018 and we process your information in order to issue you with a valid provisional or full Jersey driving licence or an International Driving Permit. We may not be able to provide you with a licence if we do not have sufficient information to identify you or to confirm your entitlement to a licence.

Please refer to the DATA PROTECTION section, at the end of the notes, where we explain what information we collect, how we use it and what your rights are.

NOTES FOR THE REGISTERED MEDICAL PRACTITIONER

Please complete the sections below having regard to the 'Assessing fitness to drive – a guide for medical professionals' issued by the UK Government's Driver & Vehicle Licensing Agency.

The purpose of this medical report is to determine the applicant's fitness to drive Group 1 vehicles and must be submitted by the applicant together with their driving licence application form. If you have any doubt about the applicant's fitness for this type of driving please contact their Parish Issuing Authority.

Applicants who may be asymptomatic at the time of the completion of this report and who later show symptoms of a medical condition should be advised to inform their Parish Issuing Authority.

The Following conditions are prescribed in Jersey law and apply to holders of Group 1 entitlement. (A1 - light motorcycle, A - heavy motorcycle, B1 - motor tricycle, B- passenger and small goods vehicle, B+E - passenger and small goods vehicle with trailer, f - tractor, h - tracked vehicle, k - pedestrian controlled vehicle, p - moped):

Visual standards

- Have a visual acuity on the Snellen scale not less than 6/12 (decimal 0.5) with corrective lenses if necessary.
- Have the ability to read in good daylight, with corrective lenses if necessary, a registration mark that is fixed to a motor vehicle and contains characters that are 79mm high and 50mm wide viewed from a distance of
 - › 12 metres, in the case of an applicant for, or the holder of, a licence to drive only a vehicle in category K, or
 - › 20 metres, in any other case
- Have a field of vision not less than:
 - › 120 degrees on the horizontal plane
 - › 50 degrees left and 50 degrees right
 - › 20 degrees above and below the horizontal plane
 - › Have no significant defect present within a radius of the central 20 degrees

- Have had a period and clinical confirmation of adaptation, if suffering from diplopia or sight in only one eye.
- Have no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision

Epilepsy and seizures

- Have been free from any unprovoked seizure during the period of one year immediately preceding the date when the licence is granted; or
- Have not in the last year suffered an unprovoked, other than a permitted, seizure

Diabetes mellitus

- Have not had more than 1 episode of severe hypoglycaemia while awake during the previous one year period, with the most recent episode not occurring during the previous 3 month period
- Has awareness of hypoglycaemia
- Has an understanding of the risks of hypoglycaemia and adequate control of the medical condition
- Attends medical appointments as recommended by their registered medical practitioner
- Carries out appropriate monitoring to assess glucose levels and any risk of hypoglycaemia

Other prescribed medical conditions

- Severe mental disorder
- Liability to sudden attacks of disabling giddiness or fainting
- Persistent misuse of drugs or alcohol, whether or not the misuse amounts to dependency
- The absence or deformity of one or more limbs or the loss of use of one or more limbs that is not progressive in nature.

Important

Use section 12 (Further details) for any essential additional information. If a condition or physical disability can be accommodated for driving by the use of an aid or appliance (if fitted) or if the applicant can drive but should be required to take another medical examination within a stated period of less than 5 years, please say so in section 12.

ALL SECTIONS TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

PARISH HALL CONTACT DETAILS

The Connétable
St Brelade's Parish Hall
St Brelade JE3 8BS
T: 741141
E: ParishHall@StBrelade.je

The Connétable
St Clement's Parish Hall
St Clement JE2 6FP
T: 854724
E: ParishHall@StClement.je

The Connétable
Grouville Parish Hall
Grouville JE3 9GA
T: 852225
E: ParishHall@Grouville.je

The Connétable
The Town Hall, PO Box
50, St Helier JE4 8PA
T: 811811
E: TownHall@StHelier.je

The Connétable
St John's Parish Hall
St John JE3 4EJ
T: 861999
E: ParishHall@StJohn.je

The Connétable
St Lawrence Parish Hall
St Lawrence JE3 1NG
T: 861672
E: ParishHall@StLawrence.je

The Connétable
St Martin's Public Hall
St Martin JE3 6HW
T: 853951
E: PublicHall@StMartin.je

The Connétable
St Mary's Parish Hall
St Mary JE3 3AS
T: 482700
E: ParishHall@StMary.je

The Connétable
St Ouën's Parish Hall
St Ouën JE3 2HY
T: 481619
E: ParishHall@StOuen.je

The Connétable
St Peter's Parish Hall
St Peter JE3 7AH
T: 481236
E: ParishHall@StPeter.je

The Connétable
St Saviour's Parish Hall
St Saviour JE2 7LF
T: 735864
E: ParishHall@StSaviour.je

The Connétable
Trinity Parish Hall,
Trinity JE3 5JB
T: 865345
E: ParishHall@ParishofTrinity.je

DATA PROTECTION

Privacy: Your Parish is registered with the Office of the Information Commissioner in Jersey and is a 'controller', as defined by the Data Protection (Jersey) Law 2018 (DPJL), of the information (personal data) you provide in connection with your application for a driving licence on this form and any other forms necessary to complete your application.

We collect: Your personal details (name, date of birth, contact details, certain medical information, signature) and may also require additional medical information

and a fitness to drive certificate from a health professional. All personal data is stored securely and retained in accordance with your Parish's Data Retention Policy.

Your Parish requires your personal data in order to process your application for a driving licence in accordance with the Road Traffic (Jersey) Law 1956 and the Motor Vehicles (International Circulation) (Jersey) Law 1953.

Transfer of personal data to third parties: The Parishes have information sharing

and other agreements in place between themselves and with other Government and Law Enforcement agencies and IT service providers. These serve to protect your information in accordance with the DPJL and set out what a third party may do with your personal data including to prevent and detect crime, for law enforcement or to protect individuals from harm or injury.

Your rights: You can ask us for a copy of the information we hold about you and to correct or update this. You can ask us to

stop or restrict the processing of your personal data although we may need to cancel your licence to do so. You can complain to your Parish about the way your personal data is used (contact details are shown above) or to the Office of the Information Commissioner at 2nd Floor, 5 Castle Street, St. Helier, Jersey, JE2 3BT t: 01534 716530, e: enquiries@oicjersey.org.

Please refer to the Privacy Notice on our website or ask a member of your Parish Hall team for more information.

3. Vision assessment

Take the results of any recent eye test to your Registered Medical Practitioner. You may need to have this section completed by an Optometrist.

1. The visual acuity standard for Group 1 driving is at least 6/12 with corrective lenses if necessary and the ability to read in good daylight (wearing corrective lenses if necessary) a registration mark viewed from 20 metres.

(a) Are corrective lenses worn for driving?

Yes No

(b) Please provide the visual acuities using corrective lenses if worn for driving. If 6/12 standard is not met, the applicant may need further assessment by an optician.

Left Right

(c) Can the applicant read in good daylight, with corrective lenses if necessary, a standard registration mark from a distance of 20 metres or 12 metres if only applying for category K?

Yes No

2. Does the applicant have:

(a) Sight in only one eye?

Yes No

(b) Diplopia?

Yes No

If **yes** to either, has there been an appropriate period of adaptation with clinical confirmation of full adaptation?

Yes No

3. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? If **Yes**, please answer **Q4** and give details in **Q5** below.

Yes No

4. Applicants that do not meet the visual field standards may be assessed as FIT provided:

- the defect has been present for the last 12 months
- the defect was caused by an isolated event or non-progressive condition
- there is no other progressive condition or pathology which will affect the field of vision
- there is no other impairment of visual function
- the applicant has sight in both eyes and is not suffering from uncontrolled diplopia
- the applicant has received clinical confirmation that they have full functional adaptation

Does the applicant satisfy these requirements?

Yes No

5. Details or additional information

I confirm that this vision assessment was completed by me at examination and the applicant's history has been taken into consideration.

Signature of Registered Medical Practitioner
or Optometrist:

Date:

Registered Medical
Practitioner
or Optometrist's
Stamp:

Applicant's full name

Date of birth

DD / MM / YY

4. Neurological disorders

Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 10 below)?

Yes No

If **No**, go to section 5, **Diabetes mellitus**. If **Yes** please answer questions below.

1. Has the applicant had any form of seizure? If **No** go to question 2 below

Yes No

(a) Has the applicant had 2 or more unprovoked seizures in the previous 5 years?

Yes No

(b) If **Yes**, please give date of first and last episode?

First

Last

(c) Has the applicant suffered an isolated seizure because of an underlying causative factor in the last 12 months, or 6 months where there is no underlying causative factor that may increase such future risk?

Yes No

(d) Declaration to be signed by ALL applicants that suffer from epilepsy or have suffered an isolated seizure within the last 5 years.

I declare that:

I undertake to comply so far as is reasonably practicable with any directions given by a Registered Medical Practitioner (or person working under the supervision of that Registered Medical Practitioner) regarding treatment for an isolated seizure and any underlying causative factor, including directions as to regular medical check-ups.

Applicant's signature

Date

2. Has the applicant experienced dissociative/'non-epileptic' seizures within the previous 5 year period? If **No** go to question 3 below

Yes No

(a) If **Yes**, please give date of first and last episode?

First

Last

(b) If **Yes**, have any of these episode(s) occurred or are they considered likely to occur whilst driving?

Yes No

3. Stroke or TIA? If **No** go to question 4 below

Yes No

If **Yes**, please give date of the most recent

Date

(a) Has there been a **full** recovery?

Yes No

(b) Is there a history of multiple strokes/TIAs?

Yes No

4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur (Meniere disease)?

Yes No

5. Subarachnoid haemorrhage (non-traumatic)?

Yes No

6. Significant head injury or any form of brain tumour?

Yes No

7. Other intracranial pathology?

Yes No

8 Chronic neurological disorder(s)?

Yes No

9. Parkinson's disease?

Yes No

10. Blackout, impaired consciousness or loss of awareness within the last 10 years?

Yes No

5. Diabetes mellitus

Does the applicant have diabetes mellitus? If **No**, go to section 6, Cardiac. If **Yes**, please answer all questions below.

Yes No

1. Is the diabetes managed by:

(a) Insulin?

Yes No

If **Yes**, please give date started on insulin.

Applicant's full name

Date of birth

- (b) A sulfonylurea, glinide or other drug known to cause sudden hypoglycaemia? Yes No
- (c) Other oral or injectable treatments? If **Yes** to any of (a) to (c), please fill in the medication section **11**. Yes No
- (d) Diet only? Yes No
- For applicants treated with insulin or other medications which carry a risk of inducing hypoglycaemia, answer **2, 3** and **4** below. Otherwise, go to section **6**, Cardiac.

2. (a) Does the applicant test their blood glucose levels? Yes No
- (b) Does the applicant understand the warning signs of low blood glucose (Hypoglycaemia)? Yes No
- (c) Does the applicant keep fast-acting carbohydrate within easy reach when driving? Yes No
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? Yes No

3. (a) Has the applicant ever had a hypoglycaemic episode? Yes No
- (b) If **Yes**, is there full awareness of hypoglycaemia? Yes No
- (c) Has the applicant in the last 12 months experienced 2 or more episodes of hypoglycaemia while awake, which has required the assistance of another person, with the most recent episode occurring in the last 3 months? If **Yes**, please give details and dates below.

4. Declaration to be signed by ALL applicants who have diabetes treated with either insulin or other medication which carries a risk of inducing hypoglycaemia.

I declare I:

- (a) will carry out appropriate monitoring to assess glucose levels and any risk of hypoglycaemia.
- (b) understand the risk of hypoglycaemia and how to adequately control the medical condition.
- (c) will and have attended, medical appointments as advised by my Registered Medical Practitioner.

Applicant's signature

Date

DD / MM / YY

6. Cardiac

a. Coronary artery disease

- Is there a history or evidence of coronary artery disease? Yes No
- If **No**, go to section **6b**, Cardiac arrhythmia.
- If **Yes**, please answer all questions below and add any further details in section **12**.

1. Has the applicant ever had an episode of angina? Yes No
- If **Yes**, please give the date of the last known attack. Date

2. Acute coronary syndrome including myocardial infarction? Yes No
- If **Yes**, please give date. Date

3. Coronary angioplasty (PCI)? Yes No
- If **Yes**, please give date of most recent intervention. Date

4. Coronary artery bypass graft surgery? Yes No
- If **Yes**, please give date. Date

Applicant's full name

Date of birth

DD / MM / YY

b. Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia?

If **No**, go to section **6c**, Peripheral arterial disease.

If **Yes**, please answer all questions below.

Yes No

1. Has there been a significant disturbance of cardiac rhythm (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years?

Yes No

2. Has the arrhythmia been controlled satisfactorily for at least 4 weeks?

Yes No

3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted?

Yes No

4. Has a pacemaker or a biventricular pacemaker/cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted?

Yes No

If **Yes**:

(a) Please give date of implantation.

Date

(b) Is the applicant free of the symptoms that caused the device to be fitted?

Yes No

(c) Does the applicant attend a pacemaker clinic regularly?

Yes No

c. Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? If **No**, go to section **6d**, Valvular/congenital heart disease.

If **Yes**, please answer all questions below.

Yes No

1. Peripheral arterial disease? (excluding Buerger's disease)

Yes No

2. Does the applicant have Claudication?

Yes No

3. Aortic aneurysm?

Yes No

If **Yes**:

(a) Site of aneurysm:

Thoracic Abdominal

(b) Has it been repaired successfully?

Yes No

(c) Please provide latest transverse aortic diameter measurement and date obtained.

 . cmDate

4. Dissection of the aorta repaired successfully?

Yes No

5. Is there a history of Marfan's disease?

Yes No

d. Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease?

If **No**, If No, go to section **6e**, Cardiac other.

If **Yes**, please answer all questions below.

Yes No

1. Is there a history of congenital heart disease?

Yes No

2. Is there a history of heart valve disease?

Yes No

3. Is there a history of aortic stenosis?

Yes No

4. Is there history of embolic stroke?

Yes No

Applicant's full name

Date of birth

5. Does the applicant currently have significant symptoms? Yes No

6. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No

e. Cardiac other

1. If there is a history or evidence of heart failure, if known, provide the HYHA class

2. Is there established cardiomyopathy? If Yes, please give details in section 12. Yes No

3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted? Yes No

4. Has the applicant had a heart or heart/lung transplant? Yes No

5. Is there history or evidence of untreated atrial myxoma? Yes No

6. Is there history or evidence of either Brugada or long QT syndrome? Yes No

7. A liability to sudden attacks of disabling giddiness or fainting which are caused by any disorder or defect of the heart, as a result of which a device designed to correct the disorder or defect has been implanted in the applicant's body to regulate the action of the heart? (If Yes, applicant must sign the following declaration)

I declare that I have made adequate arrangements to receive regular medical supervision by a cardiologist, and continue to do whilst the holder of a driving licence, and that I am conforming to those arrangements.'

Applicant's signature Date

f. Blood pressure

If resting blood pressure is 180 mm/Hg systolic or more and/or 110mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

1. Please record today's best resting blood pressure reading.

2. Is there a history of malignant hypertension? If Yes, please give details in section 12 (including date of diagnosis and any treatment etc). Yes No

7. Psychiatric illness

Is there a history or evidence of psychiatric illness within the last 3 years? Yes No
If No, go to section 8, Substance misuse. If Yes, please provide details below.

1. Dementia or cognitive impairment? Yes No

8. Substance misuse

Is there a history of drug/alcohol misuse or dependence? Yes No
If No, go to section 9, Sleep disorders. If Yes, please answer all questions below.

1. Has the applicant been abstinent for a minimum period of 3 years? Yes No

Applicant's full name Date of birth

2. Has the applicant undergone an alcohol detoxification programme?

Yes No

If **Yes**, give date started.

Date

9. Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea or other medical condition which causes persistent daytime sleepiness? If **No**, go to section **10**, Other medical conditions.

Yes No

If **Yes**, please give details below.

10. Other medical conditions

Does the applicant have any other medical condition that could affect safe driving?

Yes No

If **Yes**, please give details in section **12**.

11. Medication

Please provide details of all current medication including eye drops and medicinal cannabis that have potential side effects which could affect safe driving. (Continue on section **12** if necessary).

For applicants that have been prescribed medicinal cannabis, provide contact details of the prescriber in section **12** should the Parish need to obtain supplementary information.

Medication	Dosage	Medication	Dosage
Reason for taking:		Reason for taking:	
Approximate date started (if known):		Approximate date started (if known):	
	DD / MM / YY		DD / MM / YY
Medication	Dosage	Medication	Dosage
Reason for taking:		Reason for taking:	
Approximate date started (if known):		Approximate date started (if known):	
	DD / MM / YY		DD / MM / YY
Medication	Dosage	Medication	Dosage
Reason for taking:		Reason for taking:	
Approximate date started (if known):		Approximate date started (if known):	
	DD / MM / YY		DD / MM / YY

12. Further details

Use the space below to provide any additional information. If more space is required, please attach a separate sheet clearly marked with the applicant's full name and date of birth.

Applicant's full name

Date of birth