

Medical Declaration Statements prior to appointment for HGV, PSV or Taxi Medical

Please read carefully the statements below, *deleting where applicable*, then sign and date the declaration below and please scan back or post prior to an appointment for your **HGV, PSV or Taxi Medical**.

1. Neurological disorders
I do not have a history of any neurological disorders.
2. Diabetes mellitus
I do not have diabetes mellitus
3. Psychiatric Illness
I do not have a history of psychiatric disease within the last 3 years
4. Cardiac
 - (a) I do not have coronary heart disease.
 - (b) I do not have an irregularity of heart rhythm.
 - (c) I do not have problems with my circulation of blood;
 - (d) I do not have an aortic aneurysm.
 - (e) I do not have valvular heart disease.
 - (f) I do not have heart failure.
 - (g) I am / am not being treated for blood pressure.
 - (h) I have not had any investigation of my heart.
5. I do not have sleep apnoea.
6. I do not have a malignant tumour.
7. I am not profoundly deaf.
8. I do not suffer from liver disease.
9. I do not suffer from renal failure.
10. I do not have severe COPD.
11. I do not have any other condition that might interfere with safe driving.

DECLARATION

I declare that I have checked the details I have given on this questionnaire and that, to the best of my knowledge and belief, they are correct.

Name:

DOB:

Signature:

Contact No:

Date:

Email: