



Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1TU
Phone: 0300 790 6807 Fax: 0845 850 0095
Website: www.direct.gov.uk/driverhealth

VCERT ONLINE (Rev July 11)

Driver No:

Our Reference:

Date:

Dear,

Thank you for letting us know about the change in your health. This letter applies to your lorry and/or bus driving licence.

In view of the change in your health, I would like to offer you the choice of the following courses of action. Please think about what you wish us to do and then fill in the statement enclosed with this letter as necessary.

1. If you still wish to keep your lorry and/or bus driving licence we will need to make confidential medical enquiries into your fitness to drive. If this is the case you would need to give your consent for medical enquiries to be made with your doctors. It may take some time to finish these enquiries but they would be done as soon as possible. A decision would then be taken about your lorry and/or bus driving licence and you would of course then be told.
2. You may wish to give up driving a bus or lorry with the intention of making an insurance claim. If this is the case the insurance company will require a formal notice from us withdrawing your licence and you will need to ask your GP to fill in the enclosed certificate confirming that you are unfit to hold a bus or lorry licence. Please tell your GP that we will pay a fee of £11 for the certificate being filled in.
3. You may wish to give up driving a bus or lorry and you simply wish to surrender this entitlement. However if your GP confirms you are unfit to hold your vocational entitlement by filling in and signing the enclosed certificate, then his/her decision will come before options 1 and 3.
4. You may wish to give up all driving and surrender both your ordinary and bus or lorry driving licence.

Please note that if you wish to take the action at 2, 3 or 4 above you must also return your driving licence if you have not already done so which shows the bus and/or lorry driving licence entitlement.

Rev Oct 09

Yours sincerely,

Encs:

GPCERT VOC99reply



Reply Form: G P C E R T

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea
SA99 1TU

RE:
Case Reference:
Letter Reference: VCERT ONLINE
Date:

NAME: _____
DATE OF BIRTH: _____
ADDRESS: _____

I certify that the above patient cannot satisfy the medical standards required for vocational driving and is, therefore, unfit to hold such a licence.

THE DETAILS OF THE MEDICAL CONDITION ARE:

Doctors Signature _____ Date _____

Please Note: An Invoice must be enclosed to receive the payment of £11

Address Stamp

[Empty rectangular box for address stamp]

NAME:	D.O.B:	REF. NO:
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Reply Form: VCERTREPLY

VOC99A

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea
SA99 1TU

RE:
Case Reference:
Letter Reference: VCERT ONLINE
Date:

Please delete as applicable.

- I do not wish to surrender my vocational entitlement and give my consent to my doctors and specialists releasing confidential information to the Secretary of State's Medical Adviser
- I enclose a certificate from my GP confirming that I am unfit to hold vocational entitlement. I require a formal notice withdrawing this entitlement for insurance purposes and enclose my driving licence.
- I wish to surrender my vocational entitlement and enclose my driving licence. ***Please see note 3 on VCERT covering letter.**
- I wish to surrender **both** my ordinary and vocational entitlement and enclose my driving licence.

Signed: _____
Date: _____

Signed: _____
Date: _____

Signed: _____
Date: _____

Signed: _____
Date: _____

Rev Dec 07

<u>DVLA USE ONLY</u>

NAME:	D.O.B:	REF. NO:
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