



# STRICTLY CONFIDENTIAL

MINIBUS DRIVER Form GMS14 Jan07	
Appt	
File	

## MiDAS Training Medical Declaration Form

This statement of Health is **CONFIDENTIAL** between the Applicant and Occupational Health Staff. Telephone Gloucester (01452) 425073. When you send your Driver Application Form to GMS you should return this form at the same time, **in an envelope marked confidential** with the name of the driver(s) on the envelope. GMS will forward it to the Occupational Health Unit (OHU) at Gloucestershire County Council. Alternatively forward to: Occupational Health Unit, Oxleaze Wing, Gloucestershire County Council, Shire Hall, GLOUCESTER. GL1 2HZ

Mr/ Mrs / Miss / Ms Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Home ☎: (\_\_\_\_\_) \_\_\_\_\_ Work ☎: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

GP Name \_\_\_\_\_ ☎: (\_\_\_\_\_) \_\_\_\_\_

Line Manager \_\_\_\_\_ ☎: (\_\_\_\_\_) \_\_\_\_\_

Organisation/School that you will be driving for \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

County Council Establishment **Yes / No** If yes, which Department \_\_\_\_\_ E.g. Education, etc.)

**NOTE** This form is intended to avoid the inconvenience of a full medical examination, although some applicants will be asked to attend the OHU or a Medical Practitioner for health screening. If it is necessary to ask your GP for further information, your written consent will be sought. Please complete the form answering all questions. If you do not, your application will be returned to you. **Health screening, if required, is NOT included as part of the free driver training. The member organisation would incur a cost of ~£25-30.**

1. Have you ever suffered from any of the following:	YES	NO
a) Epilepsy or fits?		
b) Liability to sudden attacks of fainting, giddiness or blackouts?		
c) Psychiatric illness, mental disorder?		
d) Alcohol or drug misuse or dependency within the past 3 years?		
e) Diabetes?		
f) Stroke, brain surgery or brain tumour?		
g) Heart trouble, angina, high blood pressure?		
h) Any problems with the use of arms or legs?		
i) Neurological illness such as Parkinsons Disease or Multiple Sclerosis?		
j) Eyesight problems, tunnel or double vision, loss of field of vision, partial loss of sight or night blindness?		
k) Any problems with hearing?		
l) Are you taking any long term medication?		
2. If you have ticked YES to any of the above, or if you have any other medical conditions which could affect your driving, please give details:		
3. Can you read (with glasses or contact lenses if worn) in good daylight a standard sized vehicle number plate from a distance of 20.5 metres/67 feet?		
4. Have you ever had a "Drivers Health Check" carried out by the Occupational Health Unit, relating to your employment? If yes, when? Date: _____		

**I declare that to the best of my knowledge I have answered the questions on this form accurately.**

Signed..... Date .....

**Data Protection Act 1998.** This information is collected for the administration of the Gloucestershire Minibus Scheme. It is held on confidential record by the Occupational Health Unit. If you have a query or concern regarding this, please contact the GMS 0800 3890046.

FOR OFFICE USE ONLY	Fit / Unfit	COMMENTS
OHN appointment required		
Date		Signed
		OHN