



MEDICAL QUESTIONNAIRE

THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE DRIVER

Policy Holder: _____ Policy No: _____

Name (Mr/Mrs/Miss) _____ Age: _____

1a	Do you hold a full driving licence?	YES / NO
1b	Is your licence restricted?	YES / NO
If YES how:-		
1c	Period held	
1d	Date licence expires	
1e	Has Swansea or other appropriate authority been advised of your condition?	YES / NO
Please give full details of your medical condition:-		
2	Age at diagnosis of condition	Yrs
3	Has the condition deteriorated within the last 12 months?	YES / NO
If YES give full details:-		
4	Are you on any medication/treatment?	YES / NO
If YES give full details:-		
5	Are you under periodic supervision?	YES / NO
If YES advised by who and how often:-		
6	Are you fit to drive?	YES / NO

I declare that to the best of my knowledge and belief I am medically fit to drive a motor vehicle and have disclosed my condition to my General Practitioner who has indicated that I am fit to drive a motor vehicle.

Signed: _____ Date: _____

We advise that upon receipt of this questionnaire it may be necessary to obtain a full medical report from your General Practitioner/Consultant. Should this