

MOTOR INSURANCE HEALTH DECLARATION

Title: _____ Name (in full): _____
 Date of Birth: DD / MM / YY Policy Number: _____ Renewal Date: DD / MM / YY
 Driving Licence No: _____ Issuing Authority: _____ Expiry Date: DD / MM / YY

Please provide a copy of your licence (front and back) when returning this form.

Please answer the following to the best of your knowledge and belief.

1. Do you suffer from any of the following notifiable diseases or conditions:	Yes	No
Diabetes controlled by Insulin		Suffering from a disease or physical disability that would be likely to cause the driving by you of a motor vehicle to be a source of danger to the public
Diabetes controlled by tablets	Any type of brain surgery, severe head injury involving inpatient treatment or brain tumour	
Repeated attacks of sudden disabling giddiness	A serious problem with memory or periods of confusion	The wearing of a hearing aid or other device to aid communication when driving buses or lorries
Epilepsy	Stroke with any symptoms including affected vision lasting longer than 1 month, recurrent "mini strokes" or TIA's	
Fits or Blackouts		Any persisting limb problem which needs driving to be restricted to certain types of vehicle or those with adapted controls
An implanted cardiac pacemaker	Any other chronic neurological condition	
An implanted cardiac defibrillator (ICD)	Severe learning disability	
Angina (heart pain) which is easily brought on by driving	Serious psychiatric illness or mental health	
Persistent alcohol misuse or dependency	Total loss of sight in one eye	
Persistent drug misuse or dependency	Any condition affecting both eyes or one remaining eye if you only have one eye (excluding colour blindness or long or short sight)	
Parkinson's disease		
Narcolepsy or sleep apnoea syndrome	Any condition affecting your visual field	

2. If you have answered 'Yes', please disclose full details below.

If you are in doubt as to whether to disclose any condition, then you should disclose it as failure to do so may invalidate your driving licence and your insurance policy. Please include details of when the condition occurred, medical diagnosis etc:

3. Has the Parish/relevant Driver Licensing Authority been informed of the above condition(s)? Yes No

IMPORTANT: FAILURE TO DISCLOSE A NOTIFIABLE MEDICAL CONDITION CAN INVALIDATE YOUR DRIVING LICENCE AND INSURANCE COVER.

Signature of Proposer: _____ Date: _____