

# DUBAI DRIVER'S MEDICAL STANDARD

**This document is provided by the Dubai Roads and Transport Authority and the Dubai Health Authority for the guidance of Medical Professionals in the medical assessment of drivers.**

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## **Dubai Driver's Medical Standard - INTRODUCTION**

This publication is provided for use by medical professionals who are involved in the medical assessment of vehicle drivers. This medical standard is owned by the Roads and Transport Authority (RTA) of Dubai, United Arab Emirates (UAE).

The Dubai Driver's Medical Standard is based on the UK Government driver medical standard that is owned by the Driver and Vehicle Licensing Agency (DVLA). Consequently the use of the Dubai Medical Standard allows Dubai to align with the standard of driver medical assessments used by European Union countries.

Medical professionals who are engaged by the RTA to provide driver medical assessments may use the Dubai Medical Standard to determine driver fitness. Other medical professionals not engaged by RTA may also use the medical standard as a guide when determining a person's medical fitness for a range of activities that may not necessarily be driving related.

A key requirement for medical professionals who provide driver fitness assessments is to inform RTA of the result of the medical assessment electronically through the RTA's Online service. This is achieved by indicating that a client has no medical condition and is medically fit to drive. However by entering a Medical Condition Code from the medical standard, the medical professional informs the RTA of a client's medical condition. For the information of the medical professional, the standard also contains the probable action that RTA will take as a result of receiving information about a medical condition.

There is no UAE legislation requiring a private driver to inform the RTA of a medical condition which may affect their ability to drive safely. However the driver can inform RTA of such a condition or a medical professional can inform RTA. However where legislation requires a medical assessment to be conducted on a driver, the medical professional must advise RTA of the result.

Medical professionals should note that the RTA considers a range of factors when determining if a client will be licensed to drive a vehicle. The client's medical fitness is one factor that is considered. The RTA is the Dubai authority that determines who is licensed to drive.

The Dubai Driver's Medical Standard will only be available electronically from the RTA Internet site. If medical professionals are using a hardcopy of the standard, a regular check should be made of the front page of the Online medical standard to ensure a newer version of the standard has not been released. The front page will contain a "Version Number" and a "Document Release Date" for easy checking.

It is anticipated that the medical standard will be formally reviewed every two (2) years, however minor updates may be issued before the formal review occurs if necessary.

The "assessing" medical professional determines the client's fitness to drive. If the assessing medical professional is unable to determine if the client is fit to drive they may seek an opinion from another medical professional or may request the client to have additional tests to allow the client's fitness to be determined. The full costs associated with a driver medical assessment will be met by the client.

In determining a medical condition the medical professional should consider the nature of the condition, including if it is long term or permanent and if it is likely to cause a road safety risk to the driver or other road users. In considering a medical condition, medical professionals should also consider the affect of medication that the client may be taking for the medical condition. Importantly there may be a heightened risk where the client is taking a range of medications for a range of medical conditions.

In the interests of road safety, those who suffer from a medical condition that is likely to cause a sudden disabling event while driving or who are unable to safely control their vehicle, should not drive. This should be the key determiner when a medical professional is assessing a client's medical condition. This includes where the client's medical condition is not listed in this medical standard.

### **Commercial Driver Medical Assessments**

In 2009 the UAE federal government, Ministry of Interior, drafted Law Number 776. In February 2011 the Ministry requested UAE Licensing Authorities to implement this federal law. The law requires a range of commercial drivers to obtain a Commercial Driver Permit from the appropriate License Issuing Authority. Contained in the above law is the requirement for commercial drivers to have a medical assessment as a requirement before the Permit is issued.

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The Law relates to the Ministry of Interior Law 21 of 1995. The changes impact sections 111, 112, 114 of the legislation. The law enhancement applies to:

Non-UAE nationals who are: taxi drivers, drivers of heavy vehicles, drivers of buses and private / public chauffeur drivers.

The law requires these drivers to meet an eligibility criteria to apply for a Commercial Driver Permit that is issued yearly. To be eligible for the Permit one requirement is that a driver must pass a medical assessment.

In accordance with the federal law, the RTA will issue drivers with Commercial Driver Permits only after the RTA has been advised by an "assessing" medical professional that the client has passed a driver medical assessment. This medical standard is provided as guide for medical professionals in the assessment task.

### **License Groups**

This medical standard refers to Group 1 and Group 2 license holders.

**Group 1** includes motor cars and motor cycles.

**Group 2** includes trucks and buses. The medical standards for Group 2 drivers are very much higher than those for Group 1 because of the size and weight of the vehicle. This also reflects the higher risk caused by the length of time the driver may spend driving in the course of his/her occupation.

### **Multiple Medical Conditions**

It may be that a client suffers from multiple medical conditions that by themselves do not seriously impact the client's ability to drive safely. However in combination may pose an unacceptable risk of a medical event that causes a road crash. In this case the medical professional should advise RTA through the Online service using a medical code listed in the standard but enter the number 5 instead of 1 or 2 at the end of the medical code, such as 1.1.5.

### **Impairment due to Medication**

Some prescription drugs and medicines can affect the skills needed to drive safely, such as causing drowsiness, impaired judgement and other adverse effects. Health professionals prescribing medication should consider the risks associated with a medication or combinations of medications and the driving task. Health professionals should advise clients about these risks, and where appropriate, advise the client not to drive.

### **Driving after Surgery**

Any decision about driving after surgery should take into account several issues. These include recovery from the surgical procedure, recovery from anaesthesia, the distracting effect of pain, impairment due to analgesia (sedation and cognitive impairment) as well as physical restrictions. The health professional should advise the client when it is safe to continue driving. It is the driver's responsibility to ensure they are fit to drive at all times.

### **Role of the Medical Professional**

As above, the role of the medical professional is to assess the medical fitness of a client to drive. The medical standard is available to assist in this task. The medical professional is to advise the client at the end of the assessment if the client has a medical condition that may affect their ability to drive safely.

The medical professional is to advise RTA of the result of the assessment through the RTA's Online service. The medical professional should not make statements to the client about their driver's license or the issue of a Commercial Driver Permit. This task will be done by the RTA. Where the client is suffering from a serious medical condition the standard indicates the action the RTA may take, for the information of the medical professional.

Medical professionals should note in the standard that not all medical conditions will cause RTA to take an action, such as cancelling the client's driver's license. In many cases a medical condition that has not become serious or is being well managed may allow the client to continue driving.

Through the RTA's Online service medical professionals will see a History of the client's previous "driving related" medical assessments. This is to allow informed decision-making by medical professionals by being aware of an existing medical condition that is provided to them by another medical professional through the History page.

Where a driving license cancellation is required, RTA provides this advice to the client after the medical assessment result is received by RTA. Where a medical assessment is required for the issue of a Commercial Driver Permit, the

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RTA will also inform the client's employer that the Permit cannot be issued on medical grounds, if the client has not passed the medical assessment.

### **RTA's Online Service & Medical Condition Codes**

RTA approved medical assessors can access the RTA's Online service using a UserID and Password. Once a medical assessment has been completed the medical result can be provided through the Online service. Where a client has a medical condition, the Medical Condition Code that is listed against each medical condition in the medical standard, is to be entered into that data field. Based on the medical code RTA may change the client's driving approvals.

Where a client has multiple medical conditions that makes the client a risk to the driving community the medical profession should choose one of the Medical Condition Codes that the client suffers from and use the number 5 as the last number of the code such as 1.1.5. The five decodes as multiple medical conditions.

The RTA's Online service provides a "Doctor's Remarks to Doctor" field. This section is for the doctor to provide information about the client's medical status to another doctor. Where the client suffers from multiple medical conditions this information should be added to the remarks field.

The Online service also provides a "Doctor's Remarks to Client" field. The information entered into this field will appear on the client's copy of the medical assessment result. It will also be available for another doctor as information, such the instruction that was provided by the previous doctor to the client.

Where a client is suspected of having a medical condition and further assessment is required, the medical professional should enter the appropriate Medical Condition Code. In this case RTA will take no action.. However the entry allows other medical professionals to be aware that the client may have a medical condition and that further assessment has been requested. Again if necessary enter information in the Doctor to Doctor Remarks field.

### **Medical Codes**

The Medical Codes used in the Medical Standard are based on - a) Chapter in the standard, b) the medical condition number in that chapter of the standard and c) the vehicle classes driven. For instance a medical code of 2.3.2 is decoded as Chapter 2 (Cardiovascular Disorder), Medical Condition 3 (Acute Coronary Syndromes) and 2. the driver type (a Heavy Vehicle driver).

Where a doctor is further considering a client's medical condition or possibly requesting further testing the code ending in 3 or 4 should be entered, depending on the type of vehicle the client may drive. RTA will take no action in relation to the client's driving approvals but the code will update the driver's medical history page.

This means if the client attends a different medical professional they will note that the client has already been seen by a medical professional who suspects the client may have a medical condition and what that medical condition may be. The second medical professional may then assess the client. There is no need for the client to return to the first medical professional if they do not wish. Similarly a client who does not agree with the result of a medical assessment may seek another opinion at any time.

The Code 0.0.0 does not appear in the medical standard, it is an RTA only code. It is used only by RTA when a driver, who has heavy vehicle license classes and is medically unfit to drive the vehicle classes wants to be assessed for a light vehicle (car / motorcycle). The RTA may approve this request, which means the driver should be assessed to drive light vehicles only. If his medical condition is acceptable to drive a light vehicle, the heavy vehicle class/es will be removed from the license.

### **Driver Declaration**

The RTA's Online service provides the ability to print a Driver Declaration form. The Declaration form is closely based on the Driver Declaration form that is used by the DVLA (UK Government) for driver medical assessments. The doctor and the client should complete the form. The form is to assist and guide the doctor in the driver medical assessment process by highlighting potential medical conditions the client may have.

The Declaration form also contains an approval from the client for the doctor to inform RTA about the result of the medical assessment. Importantly the form also provides an approval for a doctor to notify RTA of a serious medical condition that the client may have at any time during the currency of the client's Commercial Driver Permit. The currency of the Commercial Driver Permit will be displayed on the client's license history page (on RTA's Online service).

Once the Declaration Form is completed it must be retained by the doctor company and available to RTA upon request.

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### **This Standard & RTA's Online Service**

The Medical Standard is to assist Medical Professionals to assess drivers in a consistent and transparent manner. Medical professionals do not need to use the Medical Standard to determine if a client does not have a medical condition and is fit to drive. However to advise RTA of the result of a medical assessment the RTA Online service must be used. If the client has a medical condition the medical condition code from the medical standard must be entered into the Online service.

*Please note:* The RTA does not have access to Doctor to Doctor Remarks or Doctor to Client Remarks. No review of the medical assessment is provided by RTA. The use of medical codes within the medical standard informs RTA of the result of the medical assessment and highlights the need for subsequent actions. Most of RTA's actions are automated system generated from the medical code that has been entered.

### **Notifying RTA**

In the interests of road safety and community well being, if a medical professional who may not be engaged by RTA to provide driver medical assessments, considers a client with a medical condition as posing an unacceptable risk to community safety they are encouraged to inform RTA by writing to the:

**Director (Driver Licensing)  
Licensing Agency  
Roads and Transport Authority  
PO Box 118899  
Dubai UAE**

For enquiries please contact the RTA Call Centre on +971 800 9090.

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**This medical standard is published by the RTA Dubai, UAE.**

**The Dubai Medical Standard is closely based on the Driver Medical Standard "At a glance guide to the current medical standards of fitness to drive", that is issued by the Government of the United Kingdom (UK). The RTA has approval from the UK Government to reference its medical standard and considers the UK medical standard as the main source of driver medical information that is contained in the Dubai Medical Standard.**

**CHAPTER 1**  
**NEUROLOGICAL DISORDERS**

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p><b>1.EPILEPSY</b> Epileptic attacks are the most frequent medical cause of collapse at the wheel. <b>NB:</b> If within a 24 hour period more than one epileptic attack occurs, these are treated as a “single event”. Epilepsy includes all events: major, minor and auras.</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.1.1</i></p> <p>Provided a license holder/applicant is able to satisfy the epilepsy requirements, license will be issued. if seizure-free for 1 year since the last attack with medication if necessary in the absence of any other disqualifying condition. <b>(See Appendix to this Chapter)</b> If further assessment is requested</p> <p><i>Medical Code – 1.1.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.1.2</i></p> <p>Requires a driver to remain seizure-free for 10 years since the last attack without anticonvulsant medication. If further assessment is requested</p> <p><i>Medical Code – 1.1.4</i></p>
<p><b>2. FIRST UNPROVOKED EPILEPTIC SEIZURE/SOLITARY FIT</b></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.2.1</i></p> <p>6 months off driving from the date of the seizure unless there are clinical factors or investigation results which suggest an unacceptably high risk of a further seizure, ie. 20% or greater per annum. If further assessment is requested</p> <p><i>Medical Code – 1.2.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.2.2</i></p> <p>5 years off driving from the date of the seizure if the license holder has undergone recent assessment by a neurologist and there are no clinical factors or investigation results (eg. EEG, brain scan) which indicate that the risk of a further seizure is greater than 2% per annum. They should have taken no anti-epilepsy medication throughout the 5-year period immediately prior to the granting of the license. If further assessment is requested</p> <p><i>Medical Code – 1.2.4</i></p>
<p><b>For Group 2 licensing. the following features are consistent with a person having a good prognosis:</b></p> <ul style="list-style-type: none"> <li>• No relevant structural abnormality of the brain on imaging;</li> <li>• No definite epileptiform activity on EEG;</li> <li>• Support of the neurologist;</li> <li>• Seizure risk considered to be 2% or less per annum.</li> </ul>		
<p><b>3. EPILEPSY/EPILEPTIC SEIZURES</b>  General guidance for ALL neurosurgical conditions if associated with epilepsy or epileptic seizures</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.3.1</i></p> <p>In all cases where epilepsy has been diagnosed, the epilepsy requirements apply. These cases will include all cases of single seizure where a primary cerebral cause is present and the liability to recurrence cannot be excluded. An exception may be made when seizures occur at the time of an acute head injury or intracranial surgery. If further assessment is requested</p> <p><i>Medical Code – 1.3.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.3.2</i></p> <p>In all cases where a “liability to epileptic seizures” either primary or secondary has been diagnosed, the specific epilepsy requirements for this group applies. The only exception is a seizure occurring immediately at the time of an acute head injury or intracranial surgery, and not thereafter and/or where no liability to seizure has been demonstrated. Following head injury or intracranial surgery, the risk of seizure must have fallen to no greater than 2% per annum before returning to vocational driving. If further assessment is requested</p> <p><i>Medical Code – 1.3.4</i></p>

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<p>4. WITHDRAWAL OF ANTI-EPILEPSY MEDICATION AND DRIVING</p>	<p><b>See Appendix to this Chapter for full details.</b>  <i>Has Medical Condition</i>  <b>Medical Code – 1.4.1</b>                      If further assessment is requested   <b>Medical Code – 1.4.3</b></p>	<p><b>See Appendix to this Chapter for full details.</b>  <i>Has Medical Condition</i>  <b>Medical Code – 1.4.2</b>                      If further assessment is requested   <b>Medical Code – 1.4.4</b></p>
<p>5. PROVOKED SEIZURES (apart from alcohol or illicit drug misuse)</p>	<p><b>See Appendix to this Chapter for full details.</b>  <i>Has Medical Condition</i>  <b>Medical Code – 1.5.1</b>                      If further assessment is requested   <b>Medical Code – 1.5.3</b></p>	<p><b>See Appendix to this Chapter for full details.</b>  <i>Has Medical Condition</i>  <b>Medical Code – 1.5.2</b>                      If further assessment is requested   <b>Medical Code – 1.5.4</b></p>

**See Appendix at end of this Chapter for Epilepsy Requirements**



**LOSS OF CONSCIOUSNESS/LOSS OF OR ALTERED AWARENESS**

**\*\* Excluding Cough Syncope \*\*** (See Chapter 7)

A full history is imperative to include pre-morbid history, prodromal symptoms, period of time unconscious, degree of amnesia and confusion on recovery.

A neurological cause, for example, epilepsy, subarachnoid haemorrhage, can often be identified by the history, examination and the appropriate referral made.

80% of all cases have a cardiovascular cause and again, these can be determined by history, examination and ECG. Investigate and treat accordingly and use the relevant guidelines.

**The remaining cases can be classified under five categories in the FOLLOWING TABLE:**

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>6. Reflex Vasovagal Syncope Definite provocation factors with associated prodromal symptoms and which are unlikely to occur whilst sitting or lying. Benign in nature.</p> <p>If recurrent, will need to check the “3 Ps” apply on each occasion (provocation/prodrome/postural). <b>(If not see Number 8 below).</b></p>	<p><i>Has Medical Condition Medical Code – 1.6.1</i></p> <p>No driving restrictions.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 1.6.3</i></p>	<p><i>Has Medical Condition Medical Code – 1.6.2</i></p> <p>No driving restrictions</p> <p>If further assessment is requested</p> <p><i>Medical Code – 1.6.4</i></p> <p>NB Cough Syncope see Chapter 7</p>
<p>7. Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope but with a high probability of reflex vasovagal syncope.</p> <p>These have no clinical evidence of structural heart disease and a normal ECG.</p>	<p><i>Has Medical Condition Medical Code – 1.7.1</i></p> <p>No driving restrictions.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 1.7.3.</i></p>	<p><i>Has Medical Condition Medical Code – 1.7.2</i></p> <p>Can drive 3 months after the event.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 1.7.4</b></p> <p>NB Cough Syncope see Chapter 7</p>

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<p>8. Loss of consciousness/ loss of or altered awareness likely to be cardiovascular in origin (excluding 1 or 2).</p> <p>Factors indicating high risk:</p> <p>(a) abnormal ECG</p> <p>(b) clinical evidence of structural heart disease</p> <p>(c) syncope causing injury, occurring at the wheel or whilst sitting or lying</p> <p>(d) more than one episode in previous six months.</p> <p>Further investigations such as ambulatory ECG (48hrs), echocardiography and exercise testing may be indicated after specialist opinion has been sought.</p> <p><b>**for Pacemakers see Chapter 2</b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code – 1.8.1</i></b></p> <p>License refused/revoked for 6 months if no cause identified.</p> <p>Can drive 4 weeks after the event if the cause has been identified and treated.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 1.8.3</i></b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code – 1.8.2</i></b></p> <p>License refused/revoked for 12 months if no cause identified.</p> <p>Can drive 3 months after the event if the cause has been identified and treated.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 1.8.4</i></b></p> <p>NB Cough Syncope see Chapter 7</p>
<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>9. Presumed loss of consciousness/loss of or altered awareness <b>with</b> seizure markers</p> <p>This category is for those where there is a strong clinical suspicion of a seizure but no definite evidence.</p> <p>Factors to be considered:</p> <ul style="list-style-type: none"> <li>- Unconsciousness for more than 5 minutes.</li> <li>- amnesia longer than 5 minutes</li> <li>- injury</li> <li>- tongue biting</li> <li>- incontinence</li> <li>- remain conscious but with confused behaviour</li> <li>- headache post attack</li> </ul>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code – 1.9.1</i></b></p> <p>6 months off driving from the date of an episode of loss of consciousness/loss of or altered awareness.</p> <p>However, if a person has a previous history of epilepsy or a solitary seizure, 12 months’ freedom from any further episode of loss of consciousness with seizure markers must be attained.</p> <p>If a person suffers recurrent episodes of loss of consciousness with seizure markers, 12 months’ freedom from such episodes must be attained.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 1.9.3</i></b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code – 1.9.2</i></b></p> <p>5 years off driving from the date of an episode if the license holder has undergone assessment by an appropriate specialist and no relevant abnormality has been identified on investigation, for example EEG and brain scan, where indicated.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 1.9.4</i></b></p>
<p>10. Loss of consciousness/loss of or altered awareness <b>with no</b> clinical pointers.</p> <p>This category will have had appropriate neurological <b>and</b> cardiac opinion and investigations but with no abnormality detected.</p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code – 1.10.1</i></b></p> <p>License refused /revoked for 6 months</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 1.10.3</i></b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code – 1.10.2</i></b></p> <p>License refused /revoked for 1 year</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 1.10.4</i></b></p>

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>11.. PRIMARY/CENTRAL HYPERSOMNIAS: including Narcoleptic syndromes</p>	<p>Cease driving on diagnosis. <b>Has Medical Condition</b> <b>Medical Code – 1.11.1</b> License may be issued when there has been a period of between 3 and 6 months satisfactory control of symptoms with appropriate treatment.  If not on appropriate treatment, licensing may be allowed subject to a satisfactory objective assessment of maintained wakefulness, such as the Osler test. If further assessment is requested  <b>Medical Code – 1.11.3</b></p>	<p>Cease driving on diagnosis. <b>Has Medical Condition</b> <b>Medical Code – 1.11.2</b>  License may be issued subject to specialist assessment and a satisfactory objective assessment of maintained wakefulness, such as the Osler test. If further assessment is requested  <b>Medical Code – 1.11.4</b></p>
<p>12. CHRONIC NEUROLOGICAL DISORDERS e.g. Multiple sclerosis, motor neurone disease, etc which may affect vehicle control because of impairment of co-ordination and muscle power. See also Appendix 1 for information on Driving assessment for “disabled drivers”.</p>	<p><b>Has Medical Condition</b> <b>Medical Code – 1.12.1</b>  Providing medical assessment confirms that driving performance is not impaired, can be licensed. The driver may require certain vehicle controls. If further assessment is requested  <b>Medical Code – 1.12.3</b></p>	<p>License refused or revoked if condition is progressive or disabling. <b>Has Medical Condition</b> <b>Medical Code – 1.12.2</b>  If driving would not be impaired and condition stable, can be considered for licensing subject to satisfactory reports and annual review (individual basis). If further assessment is requested  <b>Medical Code – 1.12.4</b></p>
<p>13. PARKINSON’S DISEASE</p>	<p><b>Has Medical Condition</b> <b>Medical Code – 1.13.1</b>  License refused or revoked if condition is disabling and/ or there is clinically significant variability in motor function. If further assessment is requested  <b>Medical Code – 1.13.3</b></p>	<p><b>Has Medical Condition</b> <b>Medical Code – 1.13.2</b>  License refused or revoked if condition is disabling and/or there is clinically significant variability in motor function. If further assessment is requested  <b>Medical Code – 1.13.4</b></p>
<p>14. LIABILITY TO SUDDEN ATTACKS OF UNPROVOKED OR UNPRECIPITATED DISABLING GIDDINESS</p>	<p><b>Cease driving on diagnosis.</b> <b>Has Medical Condition</b> <b>Medical Code – 1.14.1</b>  Driving will be permitted when satisfactory control of symptoms achieved. If remains asymptomatic. If further assessment is requested  <b>Medical Code – 1.14.3</b></p>	<p>License refused or revoked if condition sudden and disabling. <b>Has Medical Condition</b> <b>Medical Code – 1.14.2</b>  Consider underlying diagnosis and if likely to cause recurrent attacks, must be symptom-free and completely controlled for 1 year from last attack before re-application. If further assessment is requested  <b>Medical Code – 1.14.4</b></p>

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
15. TIA / STROKE	<p><b>TIA</b> <i>Has Medical Condition</i> <i>Medical Code – 1.15.1</i></p> <p><b>STROKE</b> <b>Must not drive for 1 month.</b> May resume driving after this period if the clinical recovery is satisfactory. Seizures occurring at the time of a stroke/TIA or in the ensuing 24 hours may be treated as provoked for licensing purposes in the absence of any previous seizure history or previous cerebral pathology. Seizures occurring at the time of intracranial venous thrombosis require 6 months free from attacks before resuming driving. If further assessment is requested</p> <p><i>Medical Code – 1.15.3</i></p>	<p>License refused or revoked for 1 year following a stroke or TIA.</p> <p><i>Has Medical Condition</i> <i>Medical Code – 1.15.2</i></p> <p>Can be considered for licensing after this period provided that there is no debarring residual impairment likely to affect safe driving and there are no other significant risk factors. Licensing will also be subject to satisfactory medical reports including exercise ECG testing.</p> <p>Where there is imaging evidence of essentially normal carotid arteries Group 2 licensing may be allowed without the need for functional cardiac assessment. If further assessment is requested</p> <p><i>Medical Code – 1.15.4</i></p>
16. ACUTE ENCEPHALITIC ILLNESSES AND MENINGITIS	<p><i>Has Medical Condition</i> <i>Medical Code 1.16.1</i></p> <p>1) If no seizure(s), may resume driving when clinical recovery is complete.</p> <p>2) If associated with seizures during acute febrile illness, license refused or revoked for 6 months from the date of seizure(s).</p> <p>3) If associated with seizure(s) during or after convalescence, will be required to meet <b>epilepsy requirements</b>. If further assessment is requested</p> <p><i>Medical Code – 1.16.3</i> <b>See Appendix to this Chapter for full regulations.</b></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.16.2</i></p> <p><b>Must stop driving</b>, and meet current <b>epilepsy requirements</b> before driving resumes.</p> <p>1) As for Group 1 provided no residual disabling symptoms, and clinical recovery is complete.</p> <p>2) <b>Must stop driving.</b> Meningitis – 5 years free from seizures without anticonvulsant medication. Encephalitis - 10 years free from seizures without anticonvulsant medication. If further assessment is requested</p> <p><i>Medical Code – 1.16.4</i> <b>See Appendix to this Chapter for full regulations.</b></p>

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>17. TRANSIENT GLOBAL AMNESIA</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.17.1</i></p> <p>Provided epilepsy, any sequelae from head injury and other causes of altered awareness have been excluded, no restriction on driving. If further assessment is requested</p> <p><i>Medical Code – 1.17.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.17.2</i></p> <p>A single confirmed episode is not a bar to driving; the license may be retained. If two or more episodes occur, driving should cease. Specialist assessment required to exclude all other causes of altered awareness. If further assessment is requested</p> <p><i>Medical Code – 1.17.4</i></p>
<p>18. ARACHNOID CYSTS</p> <p>A. Asymptomatic and untreated</p> <p>B. Craniotomy and/or endoscopic treatment</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.18.1</i></p> <p>No restriction</p> <p>6 months off driving. If further assessment is requested</p> <p><i>Medical Code – 1.18.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.18.2</i></p> <p>No restriction</p> <p>Can drive 2 years after treatment, provided that there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.18.4</i></p>
<p>19. COLLOID CYSTS:</p> <p>A) Asymptomatic and untreated</p> <p>B) Craniotomy and/or endoscopic treatment</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.19.1</i></p> <p>No restriction.</p> <p>6 months off. If further assessment is requested</p> <p><i>Medical Code – 1.19.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.19.2</i></p> <p>No restriction unless prescribed prophylactic medication for seizures when there should be individual assessment.</p> <p>Can drive 2 years after treatment, provided that there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.19.4</i></p>
<p>20. PITUITARY TUMOUR</p> <p>A. CRANIOTOMY</p> <p>B. TRANSPHENOIDAL SURGERY/OTHER TREATMENT (e.g. drugs, radiotherapy) or Untreated</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.20.1</i></p> <p>Provided no visual field defect (if visual field loss, see Vision section):</p> <ul style="list-style-type: none"> <li>• 6 months off driving.</li> <li>• Drive on recovery If further assessment is requested</li> </ul> <p><i>Medical Code – 1.20.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.20.2</i></p> <p>Provided no visual field defect (if visual field loss, see Vision section)</p> <ul style="list-style-type: none"> <li>• 2 years off driving</li> <li>• Can drive when there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</li> </ul> <p><i>Medical Code – 1.20.4</i></p>

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>21. BENIGN SUPRATENTORIAL TUMOUR e.g. WHO GRADE 1 MENINGIOMAS</p> <p>A TREATMENT BY CRANIOTOMY</p> <p>B TREATMENT WITH STEREOTACTIC RADIOSURGERY</p> <p>C TREATMENT WITH FRACTIONATED RADIOTHERAPY</p> <p>D WHO GRADE II MENINGIOMAS TREATED BY CRANIOTOMY AND/OR RADIOSURGERY AND/OR RADIOTHERAPY:</p> <p>E Asymptomatic, incidental meningiomas: untreated</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.21.1</i></p> <p>6 months off driving when there is no debarring residual impairment likely to affect safe driving. Epilepsy requirements apply if relevant history of seizure(s).</p> <p>1 month off driving; can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if relevant history of seizure(s).</p> <p>Can drive on completion of treatment, provided that there is no debarring residual impairment likely to affect safe driving Epilepsy regulations apply if relevant history of seizure(s).</p> <p>Requires 1 year off driving, dating from the completion of treatment. Epilepsy requirements apply if relevant history of seizure(s).</p> <p>Retain If further assessment is requested <i>Medical Code – 1.21.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.21.2</i></p> <p>Refusal or revocation. In the absence of any seizures, re-licensing can be considered 5 years after surgery, with evidence of complete removal. If tumour is associated with seizures, 10 years freedom from seizures without anti-epilepsy drugs following surgery is required. Specialist assessment may be required.</p> <p>Can be considered 3 years after the completion of the primary treatment of the tumour, provided that there is evidence on imaging of stability. If tumour association with seizure(s), 10 years' freedom from seizures without anti-epilepsy drugs following surgery is required. Specialist assessment may be required.</p> <p>Refusal or revocation. In the absence of any seizures, re-licensing can be considered 5 years after surgery, with evidence of complete removal. If tumour is associated with seizure(s), 10 years freedom from seizures without anti-epilepsy drugs following surgery is required. Specialist assessment may be required.</p> <p>Refusal/revocation until 2 scans 12 months apart showing no growth. If further assessment is requested <i>Medical Code – 1.21.4</i></p>

See Appendix at end of this Chapter

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<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>22 A BENIGN INFRATENTORIAL TUMOURS e.g. meningioma with surgery by craniotomy with or without radiotherapy.</p> <p>B ACOUSTIC NEUROMA/SCHWANNOMA</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.22.1</i></p> <p>Drive on recovery.</p> <p>Sudden and disabling giddiness. If further assessment is requested</p> <p><i>Medical Code – 1.22.3</i></p>	<p><i>Has Medical Condition</i></p> <p><i>Medical Code – 1.22.2</i></p> <p>As for Group 1 provided that there is no debarring residual impairment likely to affect safe driving.</p> <p>Disabling giddiness and/or the condition is bilateral. If further assessment is requested</p> <p><i>Medical Code – 1.22.4</i></p>

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<p>23 MALIGNANT TUMOURS (including metastatic deposits) and gliomas</p> <p><b>A Supratentorial</b></p> <p>a Grades 1 and II gliomas</p> <p>b WHO Grade III meningioma</p> <p>c Grades III and IV gliomas and metastatic deposit(s).</p> <p>d Solitary metastatic deposit</p> <p><b>B Infratentorial Tumours</b></p> <p>a Grade 1</p> <p>b Grades II, III &amp; IV</p> <p>c Medulloblastoma or Low Grade Ependymoma</p> <p>d High Grade Ependymomas, Other Primary Malignant Brain Tumours</p> <p>e Metastatic deposits</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.23.1</i></p> <p>1 year off driving, from time of completion of the primary treatment.</p> <p>2 years off driving from time of completion of primary treatment.</p> <p>At least 2 years off driving from time of completion of primary treatment.</p> <p>If totally excised, can be considered for licensing 1 year after completion of primary treatment if free from recurrence and no evidence of secondary spread elsewhere in the body.</p> <p>As for benign tumours: ie. drive on recovery.</p> <p>As for Supratentorial tumour</p> <p>If totally excised, can be considered for licensing 1 year after primary treatment, if free from recurrence.</p> <p>A period of 2 years off driving is required following treatment.</p> <p>Can be considered 1 year after completion of primary treatment if otherwise well. If further assessment is requested</p> <p><i>Medical Code – 1.23.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.23.2</i></p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>If entirely infratentorial, can be considered for licensing when disease-free for 5 years after treatment.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation. If further assessment is requested</p> <p><i>Medical Code – 1.23.4</i></p>

**See Appendix at end of this Chapter**



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<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
24 SIGNIFICANT HEAD INJURY	<p><i>Has Medical Condition Medical Code – 1.24.1</i></p> <p>Usually requires 6-12 months off driving depending on features such as seizures, PTA, dural tear, haematoma and contusions. There will need to have been a satisfactory clinical recovery and in particular no visual field defect, or cognitive impairment likely to affect safe driving. <b>See also Appendix 1 and 2.</b> If further assessment is requested</p> <p><i>Medical Code – 1.24.3</i></p>	<p><i>Has Medical Condition Medical Code – 1.24.2</i></p> <p>Refusal or revocation. May be able to return to driving when the risk of seizure has fallen to no greater than 2% per annum, and with no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.24.4</i></p>

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<p>25 SPONTANEOUS ACUTE SUBDURAL HAEMATOMA (treated by craniotomy)</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.25.1</i></p> <p>6 months off driving If further assessment is requested</p> <p><i>Medical Code – 1.25.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.25.2</i></p> <p>If further assessment is requested</p> <p><i>Medical Code – 1.25.4</i></p>
<p>26 CHRONIC SUBDURAL (treated surgically)</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.26.1</i></p> <p>Resume driving on recovery. If further assessment is requested</p> <p><i>Medical Code – 1.26.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.26.2</i></p> <p>6 months – 1 year off driving, depending on features. If further assessment is requested</p> <p><i>Medical Code – 1.26.4</i></p>
<p>27 SUBARACHNOID HAEMORRHAGE</p> <p>A. NO CAUSE FOUND</p> <p>B. DUE TO INTRACRANIAL ANEURYSM</p> <p>a SURGERY CRANIOTOMY Anterior or posterior cerebral aneurysm</p> <p>b With NO deficit</p> <p>c With deficit</p> <p>C Middle Cerebral Aneurysm</p> <p>a With NO deficit</p> <p>b With deficit</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.27.1</i></p> <p>Provided comprehensive cerebral angiography normal, may resume driving following recovery.</p> <p>Driving permitted when clinically recovered from craniotomy</p> <p>6 months off driving.</p> <p>6 months off driving after craniotomy</p> <p>1 year off driving after craniotomy.</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.27.2</i></p> <p>Provided comprehensive cerebral angiography normal, 6 months off driving and may regain license if no debarring residual impairment likely to affect safe driving.</p> <p>1 year off driving</p> <p>Refusal or revocation. Specialist assessment to determine when driving may start: risk of seizure must have fallen to no greater than 2% per annum with no debarring residual impairment likely to affect safe driving.</p> <p>18 months – 2 years off driving after craniotomy.</p> <p>Refusal or revocation. Specialist assessment to determine when driving may start: risk of seizure must have fallen to no greater than 2% per annum with no debarring residual impairment likely to affect safe driving.</p>

**See Appendix at end of this Chapter**

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<b>NEUROSURGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
D ENDOVASCULAR TREATMENT	Cease driving until clinically recovered.	Refusal or revocation.  The risk of seizure must have fallen to no greater than 2% per annum with no debarring residual impairment likely to affect safe driving.
E NO TREATMENT i.e. Aneurysm responsible for SAH but no intervention.	6 months off driving after diagnosis  Can be licensed if no complications.	Refusal or revocation.
F TRULY INCIDENTAL FINDINGS OF INTRACRANIAL ANEURYSM (aneurysm has not been responsible for subarachnoid haemorrhage)	Retain.	To be acceptable for licensing, anterior circulation aneurysms (excluding cavernous carotid) must be <13mm in diameter. Posterior circulation aneurysms must be <7mm diameter.
G NO TREATMENT	Resume driving on recovery.	1 year off driving.
H SURGERY CRANIOTOMY	Cease driving until clinical recovery If further assessment is requested	Cease driving until clinical recovery unless there are complications from the procedure. If further assessment is requested
I ENDOVASCULAR TREATMENT	<i>Medical Code – 1.27.3</i>	<i>Medical Code – 1.27.4</i>

**See Appendix at end of this Chapter**

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>28 ARTERIOVENOUS MALFORMATION</p> <p>A SUPRATENTORIAL AVMs</p> <p>Intracerebral haemorrhage due to supratentorial AVM:</p> <p>a Craniotomy</p> <p>b Other treatment (embolisation or stereotactic radiotherapy).</p> <p>c No treatment.</p>	<p><i>Has Medical Condition Medical Code – 1.28.1</i></p> <p>6 months off driving; can be re-licensed when there is no debarring residual impairment likely to affect safe driving.</p> <p>1 month off driving; can drive when there is no debarring residual impairment likely to affect safe driving.</p> <p>As above.</p>	<p><i>Has Medical Condition Medical Code – 1.28.2</i></p> <p>Refusal or revocation until lesion is completely removed or ablated and 10 years seizure-free from last definitive treatment. There must be no debarring residual impairment likely to affect safe driving.</p> <p>As above.</p> <p>Permanent refusal or revocation.</p>
<p>B Incidental finding of a supratentorial AVM (no history of intracranial bleed)</p> <p>a No treatment</p> <p>b Surgical or other treatment</p>	<p>Retain</p> <p>See above: as for AVM with intracranial haemorrhage.</p>	<p>Permanent refusal or revocation.</p> <p>Refusal or revocation until lesion is completely removed or ablated. 10 years seizure-free from last definitive treatment. There must be no debarring residual impairment likely to affect safe driving.</p>
<p>C INFRATENTORIAL AVMs</p> <p>Intracranial haemorrhage due to AVM:</p> <p>a Treated by craniotomy</p> <p>b Embolisation/stereotactic radiotherapy</p> <p>c No treatment.</p>	<p>Can drive when there is no debarring residual impairment likely to affect safe driving.</p> <p>As above.</p> <p>As above.</p>	<p>Refusal/revocation. Re-license on confirmation of complete obliteration with no debarring residual impairment likely to affect safe driving.</p> <p>As above.</p> <p>Permanent refusal/revocation.</p>

**See Appendix at end of this Chapter**

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>D Incidental finding of an infratentorial AVM</p> <p>a No treatment</p> <p>b Surgical or other treatment</p>	<p>Retain</p> <p>Can drive when there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.28.3</i></p>	<p>Individual assessment.</p> <p>Refusal/revocation. Re-license on confirmation of complete obliteration with no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.28.4</i></p>
<p>29 DURAL AV FISTULA</p>	<p><i>Has Medical Condition Medical Code – 1.29.1</i></p> <p>License may be issued subject to individual assessment. If further assessment is requested</p> <p><i>Medical Code – 1.29.3</i></p>	<p><i>Has Medical Condition Medical Code – 1.29.2</i></p> <p>License may be issued subject to individual assessment. If further assessment is requested</p> <p><i>Medical Code – 1.29.4</i></p>
<p>30 CAVERNOUS MALFORMATION</p> <p>A Supratentorial</p> <p>a Incidental</p> <p>b Seizure, no surgical treatment</p> <p>c Haemorrhage and/or focal neurological deficit, no surgical treatment</p> <p>d Treated by surgical excision (craniotomy)</p> <p>e Treated by radiosurgery irrespective of whether Incidental or symptomatic</p>	<p><i>Has Medical Condition Medical Code – 1.30.1</i></p> <p>No restriction</p> <p>Epilepsy requirements apply if history of seizure(s).</p> <p>Can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy requirements apply if history of seizure(s).</p> <p>6 months off; can drive when there is no debarring residual impairment likely to affect safe driving Epilepsy requirements apply if history of seizure(s).</p> <p>No restrictions Epilepsy requirements apply if history of seizure(s).</p>	<p><i>Has Medical Condition Medical Code – 1.30.2</i></p> <p>No restriction</p> <p>Epilepsy requirements apply if history of seizure(s).</p> <p>Permanently revoke/refuse</p> <p>Revoked/refuse until 10 years post-obliteration of the lesion and Epilepsy requirements apply.</p> <p>No restrictions Epilepsy requirements apply if history of seizure(s).</p>

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<p>B Infratentorial</p> <p>a Incidental</p> <p>b With focal neurological deficit or haemorrhage.</p> <p>c Treated by surgical excision (craniotomy).</p>	<p>No restriction</p> <p>Can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy requirements apply if history of seizure(s).</p> <p>As above. If further assessment is requested</p> <p><i>Medical Code – 1.30.3</i></p>	<p>No restriction</p> <p>Can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy requirements apply if history of seizure(s).</p> <p>As above. If further assessment is requested</p> <p><i>Medical Code – 1.30.4</i></p>
<p><b>NB.</b></p> <ul style="list-style-type: none"> <li>- Multiple cavernoma: no firm evidence of ↑ morbidity.</li> <li>- Size is not an issue.</li> </ul>		

**See Appendix at end of this Chapter**

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
31 INTRACEREBRAL ABSCESS/ SUBDURAL EMPYEMA	<p><i>Has Medical Condition</i> <i>Medical Code – 1.31.1</i></p> <p>One year off driving. If further assessment is requested</p> <p><i>Medical Code – 1.31.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.31.2</i></p> <p>Refusal or revocation. Very high prospective risk of seizure(s). May consider licensing if 10 years seizure-free from treatment. If further assessment is requested</p> <p><i>Medical Code – 1.31.4</i></p>
32 HYDROCEPHALUS	<p><i>Has Medical Condition</i> <i>Medical Code – 1.32.1</i></p> <p>If uncomplicated, retain license.  If further assessment is requested</p> <p><i>Medical Code – 1.32.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.32.2</i></p> <p>Can be issued with a license if uncomplicated and no associated neurological problems. If further assessment is requested</p> <p><i>Medical Code – 1.32.4</i></p>
33 INTRAVENTRICULAR SHUNT OR EXTRAVENTRICULAR DRAIN Insertion or revision of upper end of ventricular shunt or extra-ventricular drain.	<p><i>Has Medical Condition</i> <i>Medical Code – 1.33.1</i></p> <p>6 months off . Can then be re-licensed when there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.33.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.33.2</i></p> <p>Doctor's assessment may allow license issue. If further assessment is requested</p> <p><i>Medical Code – 1.33.4</i></p>
34 NEUROENDOSCOPIC PROCEDURES, eg. III <sup>rd</sup> ventriculostomy	<p><i>Has Medical Condition</i> <i>Medical Code – 1.34.1</i></p> <p>6 months off. Can then be re-licensed when there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.34.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.34.2</i></p> <p>Doctor's assessment may allow license issue. If further assessment is requested</p> <p><i>Medical Code – 1.34.4</i></p>
35 INTRACRANIAL PRESSURE - MONITORING DEVICE Inserted by Burr hole surgery.	<p><i>Has Medical Condition</i> <i>Medical Code – 1.35.1</i></p> <p>The prospective risk from the underlying condition must be considered. If further assessment is requested</p> <p><i>Medical Code – 1.35.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.35.2</i></p> <p>The prospective risk from the underlying condition must be considered. If further assessment is requested</p> <p><i>Medical Code – 1.35.4</i></p>

<p>36 IMPLANTED ELECTRODES: A DEEP BRAIN STIMULATION FOR MOVEMENT DISORDER OR PAIN</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.36.1</i></p> <p>If no complications from surgery and seizure free, can drive when there is no debarring residual impairment likely to affect safe driving.</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 1.36.2</i></p> <p>If no complications from surgery, seizure free and underlying condition non-progressive, fitness to drive can when there is no debarring residual impairment likely to affect safe driving.</p>
<p>B IMPLANTED MOTOR CORTEX STIMULATOR FOR PAIN RELIEF</p>	<p>If aetiology of pain is non-cerebral e.g. trigeminal neuralgia, 6 months off. If the aetiology is cerebral e.g. stroke, 12 month off. Can then drive when there is no debarring residual impairment likely to affect safe driving. If further assessment is requested</p> <p><i>Medical Code – 1.36.3</i></p>	<p>Refusal or Revocation. If further assessment is requested</p> <p><i>Medical Code – 1.36.4</i></p>

**APPENDIX**

**THE CURRENT EPILEPSY REQUIREMENTS FOR GROUP 1 AND GROUP 2 ENTITLEMENT**

**GROUP 1**

Epilepsy is considered a disability.

This means that:

- 1) A person who has suffered an epileptic attack whilst **awake** must refrain from driving for at least **one** year from the date of the attack before a driving license may be issued.
- 2) A person who has suffered an attack whilst **asleep** must also refrain from driving for at least **one** year from the date of the attack. However, if they have had an attack whilst asleep more than three years previously and have had no attacks whilst awake since that original attack whilst asleep, then they may be licensed even though attacks whilst asleep may continue to occur. If an attack whilst awake subsequently occurs, then the formal epilepsy regulations apply and require at least **one** year off driving from the date of the attack.

**AND in both cases**

- 3) i) so far as practicable, the person complies with advised treatment and check-ups for epilepsy, and  
ii) the driving of a vehicle by such a person should not be likely to cause danger to the public.

**GROUP 2**

During the period of **10 years** immediately preceding the date when the license is granted the applicant/license holder should:

- 1) be free from **any** epileptic attack

**AND**

- 2) have not taken medication to treat epilepsy

**AND**

- 3) not otherwise be a source of danger whilst driving.

In addition “**The liability to seizures arising from a cause other than epilepsy**” is considered a disability. In addition, someone with a structural intracranial lesion who has an increased risk of seizures will not be able to drive vehicles of this group until the risk of a seizure has fallen to no greater than 2% per annum, which is a recommended level by a Panel of UK doctors.



**GUIDANCE FOR CLINICIANS ADVISING PATIENTS ABOUT THEIR DRIVING LICENSE IN THE CASE OF BREAK-THROUGH SEIZURES IN THOSE WITH ESTABLISHED EPILEPSY:**

In the event of a seizure, the patient must be advised not to drive unless they are able to meet the conditions of the asleep concessions. The RTA Licensing Agency should also be advised as this person may be a risk to road safety.

**GUIDANCE FOR WITHDRAWAL OF ANTI-EPILEPSY MEDICATION BEING WITHDRAWN ON SPECIFIC MEDICAL ADVICE**

*(N.B. This advice only relates to treatment for epilepsy)*

From a medico-legal point of view, the risk of further epileptic seizures occurring during this therapeutic procedure should be noted. If an epileptic seizure does occur, the patient will need to satisfy driving license requirements before resuming driving and will need to be counselled accordingly. The current epilepsy requirements require a period of at least one year free of any manifestation of epileptic seizure or attacks whilst awake from the date of the last attack; special consideration is given where attacks have occurred only whilst asleep.

It is clearly recognised that withdrawal of anti-epilepsy medication is associated with a risk of seizure recurrence. A number of studies have shown this, including the randomised study of anti-epilepsy drug withdrawal in patients in remission, conducted by the Medical Research Council Anti-epileptic Drug Withdrawal Study Group (UK). This study shows a 40% increased associated risk of seizure in the first year of withdrawal of medication compared with those who continued on treatment.

It is recommended that patients should be warned of the risk they run, both of losing their driving license and also of having a seizure which could result in a road traffic accident. Please advise that patients should be advised **not** to drive from commencement of the period of withdrawal and thereafter for a period of 6 months after cessation of treatment. It is considered that a person remains as much at risk of seizure associated with drug withdrawal during the period of withdrawal as in the 6 months after withdrawal.

This advice may not be appropriate in every case. One specific example is withdrawal of anticonvulsant medication when there is a well-established history of seizures only while asleep. In such cases, any restriction in driving is best determined by the physicians concerned, after considering the history. It is up to the patient to comply with such advice.

**It is important to remember that the epilepsy requirements are still relevant even if epileptic seizures occur after medication is omitted, for example on admission to hospital for any condition.**

**PROVOKED SEIZURES:**

For Group 1 and possibly Group 2 drivers or applicants, provoked or acute symptomatic seizures may be dealt with on an individual basis if there is no previous seizure history. **Seizures associated with alcohol or drug misuse, sleep deprivation or a structural abnormality are not considered provoked for licensing purposes. Similarly, reports of seizures as a side-effect of prescribed medication do not automatically imply that such events will be considered as provoked.**

Doctors may wish to advise patients that the period of time likely to be recommended off driving will be influenced inter alia, by:-

- a) whether it is clear that the seizure had been provoked by a stimulus which does not convey any risk of recurrence and does not represent an unmasking of an underlying liability; and,
- b) whether the stimulus had been successfully/appropriately treated or is unlikely to occur at the wheel.

In the absence of any previous seizure history or previous cerebral pathology, the following seizures may also be treated as provoked:

- eclamptic seizures
- reflex anoxic seizures
- an immediate seizure (within seconds) at the time of a head injury
- seizure in first week following a head injury (see head injury section). at the time of a stroke/TIA or within the ensuing 24 hours
- during intracranial surgery or in the ensuing 24 hours.

Seizures occurring during an acute exacerbation of multiple sclerosis or migraine should be assessed on an individual basis by the doctor.

CHAPTER 2

CARDIOVASCULAR DISORDER

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDER	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
1. ANGINA	<p><i>Has Medical Condition</i> <i>Medical Code – 2.1.1</i></p> <p><b>Driving must cease when symptoms occur at rest, with emotion or at the wheel.</b> Driving may recommence when satisfactory symptom control is achieved. If further assessment is requested</p> <p><i>Medical Code – 2.1.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.1.2</i></p> <p><b>Refusal or revocation with continuing symptoms (treated and/or untreated)</b> Re-licensing may be permitted thereafter provided:</p> <ul style="list-style-type: none"> <li>• Free from angina for at least 6/52</li> <li>• The exercise or other functional test requirements can be met</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.1.4</i></p>
<p>2 ACUTE CORONARY SYNDROMES (ACS) defined as:</p> <p>A Unstable angina (symptoms at rest with ECG changes)</p> <p>B Non STEMI with at least two of the following criteria</p> <ul style="list-style-type: none"> <li>• Symptoms at rest</li> <li>• Raised serum Troponin</li> <li>• ECG changes</li> </ul> <p>C STEMI symptoms with ST elevation on ECG</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.2.1</i></p> <p>If <b>successfully</b> treated by coronary angioplasty, driving may recommence after 1/52 provided:</p> <ul style="list-style-type: none"> <li>• No other URGENT revascularisation is planned. (URGENT refers to within 4/52 from acute event)</li> <li>• LVEF is at least 40% prior to hospital discharge.</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If not successfully treated by coronary angioplasty, driving may recommence after 4/52 provided:</p> <ul style="list-style-type: none"> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.2.3</i></p>	<p>All Acute Coronary Syndromes disqualify the license holder from driving for at least 6/52.</p> <p><i>Has Medical Condition.</i> <i>Medical Code – 2.2.2</i></p> <p>Re/licensing may be permitted thereafter provided:</p> <ul style="list-style-type: none"> <li>• The exercise or other functional test requirements can be met.</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.2.4</i></p>
<p>3 PERCUTANEOUS CORONARY INTERVENTION (Angioplasty ± stent) <b>elective</b></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.3.1</i></p> <p><b>Driving must cease for at least 1/52.</b> Driving may recommence thereafter provided there is no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.3.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.3.1</i></p> <p><b>Disqualifies from driving for at least 6/52.</b></p> <p>Re/licensing may be permitted thereafter provided:</p> <ul style="list-style-type: none"> <li>• The exercise or other functional test requirements can be met</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested.</p> <p><i>Medical Code – 2.3.4</i></p>

<p>4 CABG</p>	<p><i>Has Medical Condition Medical Code –2.4.1</i></p> <p><b>Driving must cease for at least 4/52.</b> Driving may recommence thereafter provided there is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.4.3</i></p>	<p><i>Has Medical Condition Medical Code –2.4.2</i></p> <p><b>Disqualifies from driving for at least 3/12.</b> Re/licensing may be permitted thereafter provided:</p> <ul style="list-style-type: none"> <li>• There is no evidence of significant impairment of left ventricular function i.e. LVEF is = to or &gt; 40%.</li> <li>• The exercise or other functional test requirements can be met 3 months or more post operatively.</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.4.4</i></p>
<p>5 ARRHYTHMIA</p> <p>Sinoatrial disease Significant atrio-ventricular conduction defect Atrial flutter/fibrillation Narrow or broad complex tachycardia</p> <p>(See also following Sections - Pacemakers are considered separately) <b>NB: Transient Arrhythmias</b> occurring during acute coronary syndromes do not require assessment under this Section.</p>	<p><i>Has Medical Condition Medical Code –2.5.1</i></p> <p><b>Driving must cease if the arrhythmia has caused or is likely to cause incapacity.</b> Driving may be permitted when underlying cause has been identified and <b>controlled</b> for at least 4/52. If further assessment is requested</p> <p><i>Medical Code – 2.5.3</i></p>	<p><i>Has Medical Condition Medical Code –2.5.2</i></p> <p><b>Disqualifies from driving if the arrhythmia has caused or is likely to cause incapacity.</b> Driving may be permitted when:</p> <ul style="list-style-type: none"> <li>• The arrhythmia is controlled for at least 3/12.</li> <li>• The LV ejection fraction is = to or &gt; 0.4.</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.5.4</i></p>
<p>6 SUCCESSFUL CATHETER ABLATION</p>	<p><i>Has Medical Condition Medical Code –2.6.1</i></p> <p><b>Driving must cease for at least 2/7.</b> Driving may be permitted thereafter provided there is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.6.3</i></p>	<p><i>Has Medical Condition Medical Code –2.6.2</i></p> <p>Following <b>successful</b> catheter ablation for an arrhythmia that has caused or would likely have caused incapacity, driving should cease for 6/52.</p> <p>Driving may recommence thereafter provided there is no other disqualifying condition. When the arrhythmia has <b>not</b> caused nor would likely have caused incapacity, driving may recommence after 2/52 provided there is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.6.4</i></p>
<p>7. PACEMAKER IMPLANT</p> <p>Includes box change</p>	<p><i>Has Medical Condition Medical Code –2.7.1</i></p> <p><b>Driving must cease for at least 1/52.</b> Driving may be permitted thereafter provided there is no other disqualifying condition.</p>	<p><i>Has Medical Condition Medical Code –2.7.2</i></p> <p><b>Disqualifies from driving for 6/52.</b> Re-licensing may be permitted thereafter provided there is no other disqualifying condition. If further assessment is requested</p>

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	<p>If further assessment is requested</p> <p><i>Medical Code – 2.7.3</i></p>	<p><i>Medical Code – 2.7.4</i></p>
<p>8. UNPACED CONGENITAL COMPLETE HEART BLOCK</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.8.1</i> May drive if asymptomatic. If further assessment is requested</p> <p><i>Medical Code – 2.8.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.8.2</i> Bars whether symptomatic or asymptomatic. If further assessment is requested</p> <p><i>Medical Code – 2.8.4</i></p>
<p>9. ATRIAL DEFIBRILLATOR Physician/patient activated</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.9.1</i> Driving may continue provided there is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.9.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.9.2</i> Re-licensing may be permitted provided</p> <ul style="list-style-type: none"> <li>• The arrhythmia requirements are met.</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.9.4</i></p>
<p>10. ATRIAL DEFIBRILLATOR Automatic</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.10.1</i> Driving may continue provided there is no other disqualifying condition.  See also ICD Section If further assessment is requested</p> <p><i>Medical Code – 2.10.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.10.2</i> <b>Permanently bars</b> If further assessment is requested</p> <p><i>Medical Code – 2.10.4</i></p>
<p>11. IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for ventricular arrhythmia <b>associated with incapacity</b></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.11.1</i> Patients with ICDs implanted for sustained ventricular arrhythmias should not drive for:</p> <p>1) A period of 6/12 after the first implant</p> <p>2) A further 6/12 after any shock therapy and/or symptomatic antitachycardia pacing (see 3a below).</p> <p>3a) A period of 2 years if any therapy following device implantation has been accompanied by incapacity (whether caused by the device or arrhythmia), <b>except as in 3b and 3c</b></p> <p>3b) If therapy was delivered due to an inappropriate cause, i.e. atrial fibrillation or programming issues, then driving may resume 1/12 after this has been completely controlled to the satisfaction of the cardiologist.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.11.2</i> <b>Permanently bars</b> If further assessment is requested</p> <p><i>Medical Code – 2.11.4</i></p>

	<p>3c) If the incapacitating shock was appropriate (i.e. for sustained VT or VF) and steps have been taken to prevent recurrence, (e.g.introduction of anti-arrhythmic drugs or ablation procedure) driving may resume after 6/12 <b>in the absence of further symptomatic therapy.</b></p> <p>4) A period of 1/12 off driving must occur following any revision of the electrodes or alteration of anti-arrhythmic drug treatment.</p> <p>5) A period of 1/52 off driving is required after a defibrillator box change.</p> <p><b>Resumption of driving requires that;</b></p> <p>1) The device is subject to regular review with interrogation.</p> <p>2) There is no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.11.3</b></p>	
<p>12. IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for sustained ventricular arrhythmia which did <b>not</b> cause incapacity</p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 2.12.1</b></p> <p>If the patient presents with a non-disqualifying cardiac event, i.e. haemodynamically stable non-incapacitating sustained ventricular tachycardia, the patient can drive 1/12 after ICD implantation providing all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• LVEF &gt; than 35%</li> <li>• No fast VT induced on electrophysiological study (RR&lt; 250 msec)</li> <li>• Any induced VT could be pace-terminated by the ICD twice, without acceleration, during the post implantation study.</li> </ul> <p>Should the ICD subsequently deliver ATP and/or shock therapy (except during normal clinical testing) then the licensing criteria on the previous page applies and If further assessment is requested</p> <p><b>Medical Code – 2.12.3</b></p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.12.2</b></p> <p><b>Permanently bars</b> If further assessment is requested</p> <p><b>Medical Code – 2.12.4</b></p>

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<p>13. PROPHYLACTIC ICD IMPLANT</p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.13.1</i></p> <p>Asymptomatic individuals with high risk of significant arrhythmia. Driving should cease for 1/12. Should the ICD subsequently deliver ATP and/or shock therapy (except during normal clinical testing) then the licensing criteria on the previous page applies and If further assessment is requested</p> <p><i>Medical Code – 2.13.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.13.2</i></p> <p><b>Permanently bars</b> If further assessment is requested</p> <p><i>Medical Code – 2.13.4</i></p>
<p>14. ASCENDING/DESCENDING THORACIC and ABDOMINAL AORTIC ANEURYSM</p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.14.1</i></p> <p>Any aneurysm of <b>6 cm</b> in diameter, despite treatment.</p> <p>Licensing will be permitted. Driving may continue after <b>satisfactory</b> medical (blood pressure control) or surgical treatment, without evidence of further enlargement. There should be no other disqualifying condition. <b>An aortic diameter of 6.5 cm or more disqualifies from driving.</b> If further assessment is requested</p> <p><i>Medical Code – 2.14.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.14.2</i></p> <p>Disqualifies from driving if the aortic diameter is <b>&gt; 5.5cm.</b></p> <p>Driving may continue after <b>satisfactory</b> medical or surgical treatment, unless other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.14.4</i> <b>NB: The Exercise or other functional test requirements will apply to abdominal aortic aneurysm</b></p>

See Appendix at end of this Chapter

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CARDIOVASCULAR DISORDER	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
15. CHRONIC AORTIC DISSECTION	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.15.1</i></p> <p>Driving may continue after <b>satisfactory</b> medical (blood pressure control) or surgical treatment, unless other disqualifying condition.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.15.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.15.2</i></p> <p>Re-licensing may be permitted if ALL of the following criteria can be met:</p> <ul style="list-style-type: none"> <li>• The maximum transverse diameter of the aorta, including false lumen/thrombosed segment, does not exceed <b>5.5cm</b></li> <li>• There is complete thrombosis of the false lumen</li> <li>• The BP is well controlled*</li> </ul> <p>NOTE “well controlled” refers to clinical, NOT licensing standard. If further assessment is requested</p> <p><i>Medical Code – 2.15.4</i></p>
16. MARFAN’S SYNDROME	<p><i>Has Medical Condition</i> <i>Medical Code –2.16.1</i></p> <p>There is aneurysm. If further assessment is requested</p> <p><i>Medical Code – 2.16.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.16.2</i></p> <p>Re-licensing permitted subject to:</p> <ul style="list-style-type: none"> <li>• The requirements for aortic aneurysm are met</li> <li>• Satisfactory medical treatment</li> <li>• Annual cardiac review to include aortic root measurement</li> </ul> <p><b>NB: Aortic root replacement will debar.</b> If further assessment is requested</p> <p><i>Medical Code – 2.16.4</i></p>
17. CAROTID ARTERY STENOSIS (see also neurological section)	<p><i>Has Medical Condition</i> <i>Medical Code –2.17.1</i></p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.17.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.17.2</i></p> <p>If the level of stenosis is severe enough to warrant intervention, the exercise or other functional test requirements must be met. If further assessment is requested</p> <p><i>Medical Code – 2.17.4</i></p>

<p>18. PERIPHERAL ARTERIAL DISEASE</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.18.1</i></p> <p>Driving may continue provided there is no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.18.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.18.2</i></p> <p>Re-licensing may be permitted provided:</p> <ul style="list-style-type: none"> <li>• There is no symptomatic myocardial ischaemia</li> <li>• The exercise or other functional requirements can be met</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.18.4</i></p>
<p>19. HYPERTENSION</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.19.1</i></p> <p>Driving may continue <b>unless</b> treatment causes unacceptable side effects.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.19.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.19.2</i></p> <p><b>Disqualifies from driving if resting BP consistently 180 mm Hg systolic or more and/or 100 mm Hg diastolic or more.</b></p> <p>Re-licensing may be permitted when controlled provided that treatment does not cause side effects which may interfere with driving.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.19.4</i></p>
<p>20. HYPERTROPHIC CARDIOMYOPATHY (H.C.M) (See also arrhythmia, pacemaker and ICD sections)</p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.20.1</i></p> <p>Driving may continue provided no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.20.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.20.2</i></p> <p>Disqualifies from driving if symptomatic.</p> <p>Re-licensing may only be permitted when at least 3 of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• There is no family history in a first degree relative of sudden premature death from presumed HCM.</li> <li>• The cardiologist can confirm that the HCM is not anatomically severe. The maximum wall thickness does not exceed <b>3cm</b>.</li> <li>• There is no serious abnormality of heart rhythm demonstrated; e.g. ventricular tachy-arrhythmia excluding isolated ventricular pre excitation beats.</li> <li>• There is at least a 25mm Hg increase in systolic blood pressure during exercise testing - (exercise testing to be repeated every 3 years).</li> </ul> <p><b>See Appendix to this Chapter for full details.</b></p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.20.4</i></p>



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<p>21. DILATED CARDIOMYOPATHY (See also arrhythmia, pacemaker, I.C.D and heart failure sections etc)</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.21.1</i></p> <p>Driving may continue provided no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.21.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.21.2</i></p> <p><b>Disqualifies from driving if symptomatic.</b> Re-licensing may be permitted provided that there is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.21.4</i></p>
<p>22. ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY (ARVC) AND ALLIED DISORDERS  (See also arrhythmia, pacemaker and ICD sections)</p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.22.1</i></p> <p><b>Asymptomatic</b> – Driving may continue.</p> <p><b>Symptomatic</b> – Driving must cease if an arrhythmia has caused or is likely to cause incapacity. Re-licensing may be permitted when arrhythmia is controlled and there is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.22.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.22.2</i></p> <p><b>Asymptomatic</b> – Driving must cease. But driving may be permitted following Specialist electrophysiological assessment provided there is no other disqualifying condition.</p> <p><b>Symptomatic</b> – permanently bars If further assessment is requested</p> <p><i>Medical Code – 2.22.4</i></p>
<p>23. HEART FAILURE</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 2.23.1</i></p> <p>Driving may continue provided there are no symptoms that may distract the driver’s attention.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 2.23.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code – 2.23.2</i></p> <p><b>Disqualifies from driving if symptomatic.</b> Re-licensing may be permitted provided:</p> <ul style="list-style-type: none"> <li>• The LV ejection fraction is = to or &gt; 0.4.</li> <li>• There is no other disqualifying condition</li> </ul> <p>Exercise or other functional testing may be required depending on the likely cause for the heart failure. If further assessment is requested</p> <p><i>Medical Code – 2.23.4</i></p>

See Appendix at end of this Chapter

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDER	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
24. LEFT VENTRICULAR ASSIST DEVICES	<p><i>Has Medical Condition Medical Code – 2.24.1</i></p> <p><b>Driving should cease on insertion.</b></p> <p>Re-licensing can be considered on an individual basis 6/12 after device implantation. If further assessment is requested</p> <p><i>Medical Code – 2.24.3</i></p>	<p><i>Has Medical Condition Medical Code – 2.24.2</i></p> <p><b>Permanently bars</b> If further assessment is requested</p> <p><i>Medical Code – 2.24.4</i></p>
25. CARDIAC RESYNCHRONISATION THERAPY (CRT) A. CRT-P  B. CRT-D	<p><i>Has Medical Condition Medical Code – 2.25.1</i></p> <p><b>Driving must cease for at least 1/52 following implantation.</b></p> <p>Driving may continue provided There are no symptoms relevant to driving. There is no other disqualifying condition.</p> <p>Driving may be permitted provided The ICD requirements are met. There is no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.25.3</i></p>	<p><i>Has Medical Condition Medical Code – 2.25.2</i></p> <p><b>Disqualifies from driving for 6/52 Following Implantation.</b></p> <p>Re-licensing may be permitted provided:</p> <ul style="list-style-type: none"> <li>• The Heart Failure requirements are met.</li> <li>• There is no other disqualifying condition.</li> </ul> <p><b>Permanently bars</b> If further assessment is requested</p> <p><i>Medical Code – 2.25.4</i></p>
26. HEART OR HEART/LUNG TRANSPLANT	<p><i>Has Medical Condition. Medical Code – 2.26.1</i></p> <p>Driving may continue provided no other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.26.3</i></p>	<p><i>Has Medical Condition Medical Code – 2.26.2</i></p> <p><b>Disqualifies from driving if symptomatic.</b></p> <p>Re-licensing may be permitted provided:</p> <ul style="list-style-type: none"> <li>• The exercise or other functional test requirements can be met.</li> <li>• The LV ejection fraction is = to or &gt; 0.4.</li> <li>• There is no other disqualifying condition.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 2.26.4</i></p>

<p>27. HEART VALVE DISEASE (to include surgery, ie replacement and/or repair)</p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 2.27.1</b></p> <p>Driving may continue provided no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.27.3</b></p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.27.2</b></p> <p><b>Disqualifies from driving:</b></p> <ul style="list-style-type: none"> <li>• Whilst symptomatic.</li> <li>• For 12 months after cerebral embolism following which Specialist assessment is required to determine licensing fitness.</li> </ul> <p>Re-licensing may be permitted provided that there is no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.27.4</b></p>
<p>28. CONGENITAL HEART DISEASE</p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.28.1</b></p> <p>Driving may continue provided there is no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.28.3</b></p> <p>Following a first license application or identification of such a condition, specialist assessment may be required.</p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.28.2</b></p> <p><b>Disqualifies from driving when complex or severe disorder(s) is (are) present.</b></p> <p>Following a first license application or identification of such a condition, specialist assessment may be required before a license is (re)issued. Those with minor disease and others who have had successful repair of defects or relief of valvular problems, fistulae etc may be licensed provided there is no other disqualifying condition.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.28.4</b></p>
<p>29. SYNCOPE <b>NB Cough Syncope see Chapter 7</b></p>	<p>See section entitled “<b>Loss of Consciousness</b>” (Chapter 1)</p>	<p>See section entitled “<b>Loss of Consciousness</b>” (Chapter 1)</p>
<p>30. ECG ABNORMALITY Suspected myocardial infarction</p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.30.1</b></p> <p>Driving may continue unless other disqualifying condition</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.30.3</b></p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 2.30.2</b></p> <p>Re-licensing may be permitted provided:</p> <ul style="list-style-type: none"> <li>• There is no other disqualifying condition.</li> <li>• The exercise or other functional test requirements can be met</li> </ul> <p>If further assessment is requested</p> <p><b>Medical Code – 2.30.4</b></p>
<p>31. LEFT BUNDLE BRANCH BLOCK</p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.31.1</b></p> <p>Driving may continue unless other disqualifying condition</p> <p>If further assessment is requested</p> <p><b>Medical Code – 2.31.3</b></p>	<p><b>Has Medical Condition</b> <b>Medical Code –2.31.2</b></p> <p>Re-licensing may be permitted provided:</p> <ul style="list-style-type: none"> <li>• There is no other disqualifying condition.</li> <li>• The Myocardial Perfusion Scan or Stress Echocardiography requirements can be met.</li> </ul> <p>If further assessment is requested.</p> <p><b>Medical Code – 2.31.4</b></p>

**Medical Standard for the assessment of drivers. Issued by the RTA & DHA, Dubai, UAE.**

32. PRE-EXCITATION	<p><i>Has Medical Condition</i> <i>Medical Code –2.32.1</i></p> <p>Driving may continue unless other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.32.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –2.32.2</i></p> <p>May be ignored <b>unless</b> associated with an arrhythmia (See Arrhythmia Section) or other disqualifying condition. If further assessment is requested</p> <p><i>Medical Code – 2.32.4</i></p>
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**See Appendix at end of this Chapter**

## APPENDIX

### GROUP 1 AND 2 ENTITLEMENTS

#### MEDICATION

If drug treatment for any cardiovascular condition is required, any adverse effect which is likely to affect driver performance will disqualify.

### GROUP 2 ENTITLEMENT ONLY

#### EXERCISE TESTING

Exercise evaluation shall be performed on a bicycle\* or treadmill. Drivers should be able to complete 3 stages of the standard Bruce protocol or equivalent safely, without anti-anginal\*\* medication for 48 hours and should remain free from signs of cardiovascular dysfunction, viz. angina pectoris, syncope, hypotension, sustained ventricular tachycardia, and/or electrocardiographic ST segment shift which accredited medical opinion interprets as being indicative of myocardial ischaemia (usually >2mm horizontal or down-sloping) during exercise or the recovery period. In the presence of established coronary heart disease, exercise evaluation shall be required at regular intervals not to exceed 3 years.

\* cycling for ten minutes with 20 watt increments/minute to a total of 200W

\*\* Anti-anginal medication refers to the use of Nitrates, B-blockers, Calcium channel blockers, Nicorandil, Ivabradine and Ranolazine **prescribed for anti-anginal purposes or for other reasons e.g. cardio-protection.**

**NB: When any of the above drugs are being prescribed purely for the control of hypertension or an arrhythmia then discontinuation prior to exercise testing is not required.**

Should Atrial Fibrillation develop de novo during Exercise testing, provided the individual meets the Exercise tolerance test criteria, the individual will be required to undergo an Echocardiogram and meet the licensing criteria, just as any individual with a pre-existing Atrial Fibrillation.

#### CHEST PAIN OF UNCERTAIN CAUSE

Exercise testing should be carried out as above. Those with a locomotor disability who cannot comply will require either a gated Myocardial Perfusion Scan, Stress Echo study and/or specialised cardiological opinion.

#### STRESS MYOCARDIAL PERFUSION SCAN/STRESS ECHOCARDIOGRAPHY

The licensing standard requires that:

1. The LVEF is 40% or more.
2. (a) No more than 10% of the Myocardium is affected by reversible ischaemic change on Myocardial Perfusion Imaging.

**OR**

- (b) No more than one segment is affected by reversible ischaemic change on Stress Echocardiography.

#### CORONARY ANGIOGRAPHY

The functional implication of coronary heart disease is considered to be more predictive for licensing purposes than the anatomical findings. For this reason the Exercise Tolerance Test and where necessary, Myocardial Perfusion Imaging or Stress Echocardiography are the investigations of relevance for licensing purposes and it is the normal requirement that the standard of one or other of these must be met. Angiography is therefore not commissioned for (re-) licensing purposes. When there remains conflict between the outcome of a functional test and the results of recent angiography, such cases can be considered on an individual basis. However, (re-) licensing will not normally be considered unless the coronary arteries are **unobstructed or the stenosis is not flow limiting** and the **left ventricular ejection fraction is = to or > 40%**.

‘Predictive’ refers to the risk of an infarct within 1 year. Grafts are considered as ‘Coronary Arteries’.

#### ETT and HYPERTROPHIC CARDIOMYOPATHY

For the purpose of assessment of Hypertrophic Cardiomyopathy cases, an Exercise Test falling short of 9 minutes would be acceptable provided:

1. There is no obvious cardiac cause for stopping the test in less than 9 minutes and
2. There is at least a 25mm Hg rise in Systolic blood pressure during exercise testing
3. Meets all other requirements as mentioned in HCM section.



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See Appendix at end of this Chapter**

<b>DIABETES MELLITUS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>3. MANAGED BY TABLETS OTHER THAN THOSE ON THE PREVIOUS PAGE OR BY NON-INSULIN INJECTABLE MEDICATION</p> <p><b>See Appendix to this Chapter</b></p>	<p><i>Has Medical Condition. Medical Code – 3.3.1</i></p> <p>If meeting all the requirements set out in the attached information they may drive. The information attached can be printed and retained for future reference.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 3.3.3</i></p>	<p><i>Has Medical Condition. Medical Code – 3.1.2</i></p> <p>Drivers will be licensed unless they develop relevant disabilities e.g. diabetic eye problem affecting visual acuity or visual fields.</p> <p>Drivers are advised to monitor their blood glucose regularly and at times relevant to driving. They must be under regular medical review.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 3.3,4</i></p>
<p>4. MANAGED BY DIET ALONE</p>	<p><i>Has Medical Condition. Medical Code – 3.4.1</i></p> <p>Developing relevant disabilities e.g. Diabetic eye problems affecting visual acuity or visual field or if insulin required.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 3.4.3</i></p>	<p><i>Has Medical Condition. Medical Code – 3.4.2</i></p> <p>Developing relevant disabilities e.g. Diabetic eye problems affecting visual acuity or visual field or if insulin required.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 3.4.4</i></p>
<p>5. Impaired awareness of Hypoglycaemia</p>	<p><i>Has Medical Condition Medical Code –3.5.1</i></p> <p>If confirmed, driving must stop.</p> <p>Driving may resume provided reports show awareness of hypoglycaemia has been regained, confirmed by consultant/GP report.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 3.5.3</i></p>	<p><i>Has Medical Condition Medical Code –3.5.2</i></p> <p>See previous page for <b>insulin treated</b>. If further assessment is requested</p> <p><i>Medical Code – 3.5.4</i></p>
<p>6. Eyesight complications (affecting visual acuity or fields)</p>	<p>See Section: <b>Visual Disorders</b></p>	<p>See previous page for <b>insulin treated</b> and Section: <b>Visual Disorders</b>.</p>
<p>7. Renal Disorders</p>	<p>See Section: <b>Renal Disorders</b></p>	<p>See Section: <b>Renal Disorders</b></p>
<p>8. Limb Disability e.g. peripheral neuropathy</p>	<p>See Section: <b>Disabled Drivers at Appendix 1.</b></p>	<p>As Group I</p>

**See Appendix at end of this Chapter**

## APPENDIX

- **Police, Ambulance and Health Service Vehicle Driver Licensing\***

It is recommended that drivers with insulin treated diabetes should not drive emergency vehicles. This takes account of the difficulties for an individual, regardless of whether they may appear to have exemplary glycaemic control, in adhering to the monitoring processes required when responding to an emergency situation.

### **A Guide for Drivers with Insulin Treated Diabetes who wish to apply for Group 2 (LGV/PCV) Entitlement**

#### **Qualifying Conditions which must be met**

- No episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months.
- Must have full hypoglycaemic awareness.
- Must demonstrate an understanding of the risks of hypoglycaemia.
- Will not be able to apply until their condition has been stable for a period of at least one month.
- Must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving. A glucose meter with a memory function to measure and record blood glucose levels must be used.
- The client should be examined by a specialist in the treatment of diabetes every 12 months. At the examination, the consultant will require sight of their blood glucose records for the previous 3 months.
- Must have no other condition which would render them a danger when driving Group 2 vehicles.



### **Information for drivers with Diabetes treated by non-insulin medication, diet or both**

This information is provided as a Guide by the UK Government and is provided for the information of consulting medical professionals.

Some people with diabetes develop associated problems that may affect their driving.

#### **Hypoglycaemia (low blood sugar)**

Hypoglycaemia (also known as a hypo) is the medical term for a low blood glucose (sugar) level.

**Severe hypoglycaemia** means the assistance of another person is required

The risk of hypoglycaemia is the main danger to safe driving and can occur with diabetes treated with insulin or tablets or both. This may endanger your own life as well as that of other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia while driving you must stop as soon as safely possible – **do not ignore the warning symptoms.**

#### **EARLY SYMPTOMS OF HYPOGLYCAEMIA INCLUDE:**

Sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips.

If you don't treat this it may result in more severe symptoms such as:

Slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour, which may be mistaken for drunkenness.

If left untreated this may lead to unconsciousness.

#### **What you need to tell your Doctor about**

You must tell your doctor if any of the following applies:

- You suffer more than one episode of severe hypoglycaemia within the last 12 months. You must also tell us if you or your medical team feel you are at high risk of developing severe hypoglycaemia. For Group 2 drivers (bus/lorry), one episode of severe hypoglycaemia must be reported immediately.
- You develop impaired awareness of hypoglycaemia. (Difficulty in recognising the warning symptoms of low blood sugar).
- You suffer severe hypoglycaemia while driving.
- You need treatment with insulin.
- You need laser treatment or Anti-VEGF treatment to both eyes or in the remaining eye if you have sight in one eye only.
- you have problems with vision in both eyes, or in the remaining eye if you have sight in one eye only. You should be able to read, with glasses or contact lenses if necessary, a car number plate in good daylight at 20.5 metres (67 feet).
- you develop any problems with the circulation or sensation in your legs or feet which make it necessary for you to drive certain types of vehicles only, for example automatic vehicles or vehicles with a hand-operated accelerator or brake.
- an existing medical condition gets worse or you develop any other condition that may affect your driving safely.

**In the interests of road safety, you must be sure that you can safely control a vehicle at all times.**

## A Guide to Insulin Treated Diabetes and Driving

This information is provided as a Guide by the UK Government and is provided for the information of consulting medical professionals.

### HYPOGLYCAEMIA

Hypoglycaemia (also known as a hypo) is the medical term for a low blood glucose (sugar) level.

Severe hypoglycaemia means the assistance of another person is required.

The risk of hypoglycaemia is the main danger to safe driving and this risk increases the longer you are on insulin treatment. This may endanger your own life as well as that of other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia whilst driving, you must always stop as soon as safely possible – **do not ignore the warning symptoms.**

### EARLY SYMPTOMS OF HYPOGLYCAEMIA INCLUDE:

Sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips.

If you don't treat this it may result in more severe symptoms such as:

Slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour, which may be mistaken for drunkenness.

If left untreated this may lead to unconsciousness.

### DRIVERS WITH INSULIN TREATED DIABETES ARE ADVISED TO TAKE THE FOLLOWING PRECAUTIONS.

- You must **always** carry your glucose meter and blood glucose strips with you. You must check your blood glucose before driving and every two hours whilst you are driving.
- In each case if your blood glucose is **5.0mmol/l or less, take a snack.** If it is less than **4.0mmol/l or you feel hypoglycaemic, do not drive.**
- If hypoglycaemia develops while driving, stop the vehicle as soon as possible.
- You must switch off the engine, remove the keys from the ignition and move from the driver's seat.
- You must not start driving until 45 minutes after blood glucose has returned to normal. It takes up to 45 minutes for the brain to recover fully.
- Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
- You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident.
- Particular care should be taken during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy.
- You must take regular meals, snacks and rest periods on long journeys. Always avoid alcohol.

### EYESIGHT

All drivers are required by law to read, in good daylight (with glasses or corrective lenses if necessary), a car number plate from a distance of 20 metres.

### LIMB PROBLEMS

Limb problems/amputations are unlikely to prevent driving. They may be overcome by driving certain types of vehicles e.g. automatics or one with hand controls.

### YOU MUST INFORM THE DOCTOR IF:

- You suffer more than one episode of severe hypoglycaemia (needing the assistance of another person) within the last 12 months. You must also tell us if you or your medical team feels you are at high risk of developing hypoglycaemia.
- You develop impaired awareness of hypoglycaemia. (difficulty in recognising the warning symptoms of low blood sugar)
- You suffer severe hypoglycaemia while driving.
- An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

For further information on diabetes visit [www.diabetes.org.uk](http://www.diabetes.org.uk)

CHAPTER 4

PSYCHIATRIC DISORDERS

PSYCHIATRIC DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>1. ANXIETY OR DEPRESSION</p> <p>(without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts).</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 4.1.1</i></p> <p>(See note about medication in Appendix at end of this Chapter). If further assessment is requested</p> <p><i>Medical Code – 4.1.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 4.1.2</i></p> <p>Very minor short-lived illnesses. (See note about medication in Appendix at end of this Chapter) If further assessment is requested</p> <p><i>Medical Code – 4.1.4</i></p>
<p>2. MORE SEVERE ANXIETY STATES OR DEPRESSIVE ILLNESSES</p> <p>(with significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts)</p> <p>NB: For cases, which <b>also</b> involve <b>persistent misuse of or dependence on alcohol/drugs</b>, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –4.2.1</i></p> <p><b>Driving should cease</b> pending the outcome of medical enquiry.</p> <p>A period of stability depending upon the circumstances will be required before driving can be resumed. Particularly dangerous are those who may attempt suicide at the wheel. If further assessment is requested</p> <p><i>Medical Code – 4.2.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –4.2.2</i></p> <p>Driving may be permitted when the person is well and stable for a period of 6 months. Medication must not cause side effects, which would interfere with alertness or concentration. Driving is usually permitted if the anxiety or depression is long-standing, but maintained symptom-free on doses of psychotropic medication which do not impair. Psychiatric reports may be required.</p> <p>NB: It is the illness rather than the medication, which is of prime importance, but see notes on medication. If further assessment is requested</p> <p><i>Medical Code – 4.2.4</i></p>
<p>3. ACUTE PSYCHOTIC DISORDERS OF ANY TYPE</p> <p>NB: For cases, which also involve persistent misuse of or dependence on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –4.3.1</i></p> <p><b>Driving must cease</b> during the acute illness.</p> <p>Re-licensing can be considered when <b>all</b> of the following conditions can be satisfied:</p> <ul style="list-style-type: none"> <li>(a) Has remained well and stable for at least 3 months.</li> <li>(b) Is compliant with treatment.</li> <li>(c) Is free from adverse effects of medication which would impair driving.</li> <li>(d) Subject to a favourable specialist report.</li> </ul> <p>Drivers who have a history of instability and/or poor compliance will require a longer period off driving. If further assessment is requested</p> <p><i>Medical Code – 4.3.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –4.3.2</i></p> <p><b>Driving must cease</b> pending the outcome of medical enquiry.</p> <p>It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective anti-psychotic dose; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where in patients with established illness the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state). If further assessment is requested</p> <p><i>Medical Code – 4.3.4</i></p>

<b>PSYCHIATRIC DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>4. HYPOMANIA/MANIA</p> <p>NB: For cases, which also involve persistent misuse of or dependence on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p><i>Has Medical Condition Medical Code –4.4.1</i></p> <p><b>Driving must cease</b> during the acute illness.</p> <p>Following an <b>isolated episode</b>, re-licensing can be reconsidered when <b>all</b> the following conditions can be satisfied:</p> <ul style="list-style-type: none"> <li>(a) Has remained well and stable for at least 3 months.</li> <li>(b) Is compliant with treatment.</li> <li>(c) Has regained insight.</li> <li>(d) Is free from adverse effects of medication which would impair driving.</li> <li>(e) Subject to a favourable specialist report.</li> </ul> <p><b>REPEATED CHANGES OF MOOD:</b> Hypomania or mania are particularly dangerous to driving when there are repeated changes of mood. Therefore, when there have been 4 or more episodes of mood swing within the previous 12 months, at least <b>6 months</b> stability will be required under condition (a), in addition to satisfying conditions (b) to (e). If further assessment is requested</p> <p><i>Medical Code – 4.4.3</i></p>	<p><i>Has Medical Condition Medical Code –4.4.2</i></p> <p><b>Driving must cease</b> pending the outcome of medical enquiry.</p> <p>It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective dose of psychotropic medication; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where in patients with established illness the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state). If further assessment is requested</p> <p><i>Medical Code – 4.4.4</i></p>

<p>5. CHRONIC SCHIZOPHRENIA &amp; Other Chronic Psychoses</p> <p>NB: For cases, which also involve persistent misuse of or dependence on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 4.5.1</b></p> <p>The driver must satisfy <b>all</b> the following conditions:</p> <ul style="list-style-type: none"> <li>(a) Stable behaviour for at least 3 months.</li> <li>(b) Is adequately compliant with treatment.</li> <li>(c) Remain free from adverse effects of medication, which would impair driving.</li> <li>(d) Subject to a favourable specialist report.</li> </ul> <p><b>Continuing symptoms:</b> Even with limited insight, these do not necessarily preclude licensing. Symptoms should be unlikely to cause significant concentration problems, memory impairment or distraction whilst driving. Particularly dangerous, are those drivers whose psychotic symptoms relate to other road users.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 4.5.3</b></p>	<p><b>Has Medical Condition</b> <b>Medical Code –4.5.2</b></p> <p><b>Driving must cease</b> pending the outcome of medical enquiry.</p> <p>It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective anti-psychotic dose; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where in patients with established illness the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state).</p> <p>If further assessment is requested</p> <p><b>Medical Code – 4.5.4</b></p>
<p>6. DEVELOPMENTAL DISORDERS includes Asperger’s Syndrome, autism, severe communication disorders and Attention Deficit Hyperactivity Disorder.</p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 4.6.1</b></p> <p>A diagnosis of any of these conditions is not in itself a bar to licensing. Factors such as impulsivity, lack of awareness of the impact of own behaviours on self or others need to be considered</p> <p>If further assessment is requested</p> <p><b>Medical Code – 4.6.3</b></p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 4.6.2</b></p> <p>Continuing minor symptomatology may be compatible with licensing. Cases will be considered on an individual basis.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 4.6.4</b></p>

**See Appendix at end of this Chapter**

DISORDER	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>7. MILD COGNITIVE IMPAIRMENT (MCI)</p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code –4.7.1</i></b></p> <p>Where there is NO objective impairment of cognition or function MCI driving may continue..</p> <p>Where there IS objective impairment or specific treatment is required then MCI will not be the cause the client should cease driving to allow medical enquires to take place</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.7.3</i></b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code –4.7.2</i></b></p> <p>Where there is no objective impairment of cognition or function MCI driving may continue.</p> <p>Where there IS objective impairment or specific treatment is required then MCI will not be the cause the client should cease driving to allow medical enquires to take place.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.7.4</i></b></p>
<p>8. DEMENTIA OR ANY ORGANIC BRAIN SYNDROME</p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code –4.8.1</i></b></p> <p>It is extremely difficult to assess driving ability in those with dementia. Those who have poor short-term memory, disorientation, lack of insight and judgement are almost certainly Has Medical Condition.</p> <p>The variable presentations and rates of progression are acknowledged. Disorders of attention will also cause impairment. A decision regarding fitness to drive is usually based on medical reports.</p> <p>In early dementia when sufficient skills are retained and progression is slow, a license may be issued. A formal driving assessment may be necessary (<b>See Appendices 1 &amp; 2</b>).</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.8.3</i></b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code –4.8.2</i></b></p> <p>Refuse or revoke license.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.8.4</i></b></p>
<p>9. LEARNING DISABILITY severely below average general intellectual functioning accompanied by significant limitations in adaptive functioning in at least 2 of the following areas: communication, self-care, home-living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.</p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code –4.9.1</i></b></p> <p>Severe learning disability is not compatible with driving and the license application must be refused.</p> <p>In milder forms, provided there are no other relevant problems, it may be possible to hold a license, but it will be necessary to demonstrate adequate functional ability at the wheel.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.9.3</i></b></p>	<p><b><i>Has Medical Condition</i></b> <b><i>Medical Code –4.9.2</i></b></p> <p>Permanent refusal or revocation if severe.</p> <p>Minor degrees of learning disability when the condition is stable with no medical or psychiatric complications may be compatible with the holding of a license.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.9.4</i></b></p>

<p>10. BEHAVIOUR DISORDERS includes post head injury syndrome and Non-Epileptic Seizure Disorder</p>	<p><b><i>Has Medical Condition Medical Code –4.10.1</i></b></p> <p>If seriously disturbed e.g. violent behaviour or alcohol abuse and likely to be a source of danger at the wheel, license would be revoked or the application refused.</p> <p>License will be issued after medical reports confirm that behavioural disturbances have been satisfactorily controlled.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.10.3</i></b></p>	<p><b><i>Has Medical Condition Medical Code –4.10.2</i></b></p> <p>Refusal or revocation if associated with serious behaviour disturbance likely to make the individual be a source of danger at the wheel.</p> <p>If psychiatric reports confirm stability, then consideration would be given to restoration of the license.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.10.4</i></b></p>
<p>11. PERSONALITY DISORDERS</p>	<p><b><i>Has Medical Condition Medical Code –4.11.1</i></b></p> <p>If likely to be a source of danger at the wheel license would be revoked or the application refused.</p> <p>Licensing would be permitted providing medical enquiry confirms that any behaviour disturbance is not related to driving or not likely to adversely affect driving or road safety.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.11.3</i></b></p>	<p><b><i>Has Medical Condition Medical Code –4.11.2</i></b></p> <p>Refusal or revocation if associated with serious behaviour disturbance likely to make the individual be a source of danger at the wheel.</p> <p>If psychiatric reports confirm stability, then consideration would be given to restoration of the license</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 4.11.4</i></b></p>

**See Appendix at end of this Chapter**

## **Appendix**

### **PSYCHIATRIC NOTES**

#### **Important Note.**

Other psychiatric conditions, which do not fit neatly into the aforementioned classification will need to be reported to the RTA Licensing Agency **if causing or felt likely to cause** symptoms affecting safe driving. These would include for example any impairment of consciousness or awareness, any increased liability to distraction or symptoms affecting the safe operation of vehicle controls. The patient should be advised to declare both the condition and symptoms of concern.

**It is the relationship of symptoms to driving that is of importance.**

- This document makes a clear distinction between the standards needed for Group 1 (cars and motorcycles) and Group 2 (lorries and buses) licenses. The standards for the latter being more stringent due to the size of vehicle and the greater time spent at the wheel during the course of the occupation.
- "Severe mental disorder" as including mental illness, arrested or incomplete development of the mind, psychopathic disorder or severe impairment of intelligence or social functioning. The standards must reflect, not only the need for an improvement in the mental state, but also a period of stability, such that the risk of relapse can be assessed should the patient fail to recognise any deterioration.
- Misuse of or dependence on alcohol or drugs will require the standards in this chapter to be considered in conjunction with those of Chapter 5 of this publication.

#### **MEDICATION**

- There is no differentiation between illicit or prescribed drugs. Therefore, any person who is driving or attempting to drive on the public highway, or other public place whilst unfit due to any drug, is liable to prosecution.
- All drugs acting on the central nervous system can impair alertness, concentration and driving performance. This is particularly so at initiation of treatment, or soon after and when dosage is being increased. Driving must cease if adversely affected.

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- The older tricyclic antidepressants can have pronounced anticholinergic and antihistaminic effects, which may impair driving. The more modern antidepressants may have fewer adverse effects. **These considerations need to be taken into account when planning the treatment of a patient who is a professional driver.**
- Anti-psychotic drugs, including the depot preparations, can cause motor or extrapyramidal effects as well as sedation or poor concentration, which may, either alone or in combination, be sufficient to impair driving. Careful clinical assessment is required.
- The epileptogenic potential of psychotropic medication should be considered particularly when patients are professional drivers.
- Benzodiazepines are the most likely psychotropic medication to impair driving performance, particularly the long acting compounds. **Alcohol will potentiate the effects.**
- Doctors have a duty of care to advise their patients of the potential dangers of adverse effects from medication and interactions with other substances, especially alcohol.
- Drivers with psychiatric illnesses are often safer when well and on regular psychotropic medication than when they are ill. Inadequate treatment or irregular compliance may render a driver impaired by both the illness and medication.

### **CONFIDENTIALITY**

When a patient has a condition which makes driving unsafe and the patient is either unable to appreciate this, or refuses to cease driving, in the interest of road safety it is recommended that the RTA be advised.

### **PATIENTS WITH PSYCHIATRIC CONDITIONS**

Before resuming driving, drivers must be able to satisfy the standards of fitness for their respective conditions and be free from any effects of medication, which will affect driving adversely.



CHAPTER 5

DRUG AND ALCOHOL MISUSE AND DEPENDENCE

ALCOHOL PROBLEMS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p><b>1. ALCOHOL MISUSE</b></p> <p>There is no single definition which embraces all the variables in this condition but the following is offered as a guide:</p> <p>“ a state which, because of consumption of alcohol, causes disturbance of behaviour, related disease or other consequences, likely to cause the patient, his/her family or society harm now, or in the future, and which may or may not be associated with dependence”.</p> <p>Reference to ICD10 <b>F10.1</b> is relevant.</p> <p><b>2. ALCOHOL DEPENDENCE</b></p> <p>“A cluster of behavioural, cognitive &amp; physiological phenomena that develop after repeated alcohol use &amp; which include a strong desire to take alcohol, difficulties in controlling its use, persistence in its use despite harmful consequences, with evidence of increased tolerance and sometimes a physical withdrawal state.”</p> <p>Indicators may include a history of withdrawal symptoms, of tolerance, of detoxification(s) and/or alcohol related fits.</p> <p>Reference to ICD10 <b>F10.2 – F10.7 inclusive</b> is relevant</p>	<p><b>ALCOHOL MISUSE</b></p> <p><i>Has Medical Condition</i> <i>Medical Code –5.1.1</i></p> <p>Persistent alcohol misuse, confirmed by medical enquiry and/or by evidence of otherwise unexplained abnormal blood markers, requires license revocation or refusal until a minimum <b>six month</b> period of controlled drinking or abstinence has been attained, with normalisation of blood parameters.</p> <p>Patient to seek advice from medical or other sources during the period off the road. If further assessment is requested</p> <p><i>Medical Code – 5.1.3</i></p> <p><b>ALCOHOL DEPENDENCE</b></p> <p><i>Has Medical Condition</i> <i>Medical Code –5.2.1</i></p> <p>Alcohol dependence, confirmed by medical enquiry, requires licence revocation or refusal until a <b>one year</b> period free from alcohol problems has been attained. Abstinence will normally be required, with normalisation of blood parameters, if relevant. If further assessment is requested</p> <p><i>Medical Code – 5.2.3</i></p> <p><b>LICENSE RESTORATION</b></p> <p>Will require satisfactory medical reports from own doctor(s) and may require independent medical examination and blood tests.</p> <p>See also under “<b>Alcohol related seizures</b>”</p>	<p><b>ALCOHOL MISUSE</b></p> <p><i>Has Medical Condition</i> <i>Medical Code –5.1.2</i></p> <p>Persistent alcohol misuse, confirmed by medical enquiry and/or by evidence of otherwise unexplained abnormal blood markers, requires revocation or refusal of a vocational license until at least <b>one year</b> period of abstinence or controlled drinking has been attained, with normalisation of blood parameters.</p> <p>Patient to seek advice from medical or other sources during the period off the road. If further assessment is requested</p> <p><i>Medical Code – 5.1.4</i></p> <p><b>ALCOHOL DEPENDENCE</b></p> <p><i>Has Medical Condition</i> <i>Medical Code –5.2.2</i></p> <p>Vocational licensing will not be granted where there is a history of alcohol dependence within the past <b>three years</b>. If further assessment is requested</p> <p><i>Medical Code – 5.2.4</i></p> <p><b>LICENSE RESTORATION</b></p> <p>Will require satisfactory medical reports from own doctor(s) and may require independent medical examination and blood tests.</p> <p>See also under “<b>Alcohol related seizures</b>”</p>

ALCOHOL PROBLEMS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>3. Alcohol Related Seizure(s) Seizures associated with alcohol are not considered provoked for licensing purposes.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.3.1</i></p> <p>Following a solitary alcohol-related seizure, a license will be revoked or refused for a minimum <b>six month</b> period from the date of the event.</p> <p>Should however the seizure have occurred on a background of alcohol the standards for such conditions will need to be satisfied before a new application can be considered.</p> <p>Where more than one seizure has occurred, the Epilepsy Requirements will apply (<b>See Appendix to Neuro Chapter for full details</b>).</p> <p>Medical enquiry will be required before license restoration to confirm appropriate period free from persistent alcohol misuse and/or dependence. Independent medical assessment with blood analysis and consultant reports will normally be necessary.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 5.3.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.3.2</i></p> <p>Following a <b>solitary</b> alcohol-related seizure, a license will be revoked or refused for a minimum <b>five year</b> period from the date of the event.</p> <p>License restoration thereafter requires:</p> <ul style="list-style-type: none"> <li>• No underlying cerebral structural abnormality</li> <li>• Off anti-epileptic medication for at least 5 years</li> <li>• Maintained abstinence from alcohol if previously dependent</li> <li>• Review by an addiction specialist &amp; neurological opinion.</li> </ul> <p>If further assessment is requested</p> <p><i>Medical Code – 5.3.4</i> Where <b>more than one seizure</b> has occurred or there is an underlying cerebral structural abnormality, the <b>Vocational Epilepsy Requirements</b> apply. (<b>See Appendix to Neuro Chapter for full details</b>)</p> <p><i>Has Medical Condition</i> <i>Medical Code –5.4.2</i></p>
<p>4. ALCOHOL RELATED DISORDERS : e.g: hepatic cirrhosis with neuro-psychiatric impairment, psychosis.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.4.1</i></p> <p><b>Driving should cease.</b> License to be refused/revoked until there is satisfactory recovery and is able to satisfy all other relevant medical standards.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 5.4.3</i></p>	<p>License to be refused/revoked. If further assessment is requested</p> <p><i>Medical Code – 5.4.4</i></p>

<b>DRUG MISUSE AND DEPENDENCE</b> Reference to <b>ICD10 F10.1-F10.7</b> inclusive is relevant.	<b>GROUP 1 ENTITLEMENT</b> <b>ODL - CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT</b> <b>VOC – LGV/PCV</b>
5. Cannabis Amphetamines ( <i>note: Metamphetamine below</i> ) Ecstasy Ketamine & other psychoactive substances, including LSD and Hallucinogens	<p><b><i>Has Medical Condition</i></b>  <b><i>Medical Code –5.5.1</i></b></p> <p>Persistent use of or dependence on these substances, confirmed by medical enquiry, will lead to license refusal or revocation until a minimum <b>six month</b> period free of such use has been attained. For Ketamine misuse, 6 months off driving, drug-free, is required, and 12 months in the case of dependence. A urine screen will be required.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 5.5.3</i></b></p>	<p><b><i>Has Medical Condition</i></b>  <b><i>Medical Code –5.5.2</i></b></p> <p>Persistent use of or dependence on these substances will lead to refusal or revocation of a vocational license for a minimum <b>one year</b> period free of such use has been attained. A urine screen <b>will</b> be required.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 5.5.4</i></b></p>
6. Heroin Morphine Methadone* Cocaine Metamphetamine	<p><b><i>Has Medical Condition</i></b>  <b><i>Medical Code –5.6.1</i></b></p> <p>Persistent use of, or dependence on these substances, confirmed by medical enquiry, will lead to license refusal or revocation until a minimum <b>one year</b> period free of such use has been attained.</p> <p>A urine screen will be required. In addition favourable Consultant or Specialist report <b>may</b> be required on reapplication.</p> <ul style="list-style-type: none"> <li>Applicants or drivers <b>complying fully with a</b> Consultant supervised oral Methadone maintenance programme may be licensed, subject to favourable assessment. Applicants or drivers on an oral <b>buprenorphine</b> programme may be considered applying the same criteria. There should be no evidence of continuing use of other substances, including cannabis.</li> </ul> <p>If further assessment is requested</p> <p><b><i>Medical Code – 5.6.3</i></b></p>	<p><b><i>Has Medical Condition</i></b>  <b><i>Medical Code –5.6.2</i></b></p> <p>Persistent use of, or dependence on these substances, will require revocation or refusal of a vocational license until a minimum <b>three year</b> period free of such use has been attained.</p> <p>A urine screen <b>will</b> be required. In addition favourable Consultant or Specialist report will be required before relicensing.</p> <p>*Applicants or drivers complying fully with a Consultant supervised oral Methadone maintenance programme may be considered for a license once a minimum <b>three year</b> period of stability on the maintenance programme has been established, with favourable random urine tests and assessment.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 5.6.4</i></b></p>

<p><b>DRUG MISUSE AND DEPENDENCE</b></p> <p>Reference to <b>ICD10 F10.1-F10.7</b> inclusive is relevant.</p>	<p><b>GROUP 1 ENTITLEMENT</b></p> <p><b>ODL - CAR, M/CYCLE</b></p>	<p><b>GROUP 2 ENTITLEMENT</b></p> <p><b>VOC – LGV/PCV</b></p>
<p>7. Benzodiazepines</p> <p>The non-prescribed use of these drugs and/or the use of supra-therapeutic dosage, whether in a substance withdrawal/maintenance programme or otherwise, constitutes misuse/dependence for licensing purposes.</p> <p>The prescribed use of these drugs at therapeutic doses (BNF), without evidence of impairment, does not amount to misuse/dependence for licensing purposes (although clinically dependence may exist).</p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.7.1</i></p> <p>Persistent misuse of, or dependence on these substances, confirmed by medical enquiry, will lead to license refusal or revocation until a minimum one year period free of such use has been attained. A urine screen will be required. In addition favourable Consultant or Specialist report <b>should be considered by the doctor</b>.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 5.7.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.7.2</i></p> <p>Persistent misuse of, or dependence on these substances, will require revocation or refusal of a vocational license for a minimum <b>three-year</b> period. A urine screen <b>will</b> be required. In addition favourable Consultant or Specialist report will be required by the doctor.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 5.7.4</i></p>
<p>8. Seizure(s) associated with drug misuse/dependence</p> <p>Seizures associated with drug misuse/dependence are not considered provoked for licensing purposes.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.8.1</i></p> <p>Following a <b>solitary</b> seizure associated with drug misuse or dependence, a license will be refused or revoked for a minimum <b>six month</b> period from the date of the event.</p> <p>Should however the seizure have occurred on a background of substance misuse or dependence, the standards for such conditions will need to be satisfied before a new application can be considered. Where more than one seizure has occurred, the Epilepsy Requirements will apply (<b>See Appendix to Neuro Chapter for full details</b>). Medical enquiry will be required before license restoration to confirm appropriate period free from persistent drug misuse and/or dependence. A urine analysis will be necessary.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 5.8.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –5.8.2</i></p> <p>Following a <b>solitary</b> seizure associated with drug misuse or dependence , a license will be revoked or refused for a minimum <b>five-year</b> period from the License restoration thereafter requires:</p> <ul style="list-style-type: none"> <li>• No underlying cerebral structural abnormality</li> <li>• Off anti-epileptic medication for at least 5 years</li> <li>• Maintained abstinence from drugs if previously dependent</li> <li>• Review by an addiction specialist &amp; neurological opinion.</li> </ul> <p>Where <b>more than one seizure</b> has occurred or there is an underlying cerebral structural abnormality, the <b>Vocational Epilepsy Requirements</b> apply. (<b>See Appendix to Neuro Chapter for full details</b>)</p> <p>If further assessment is requested</p> <p><i>Medical Code – 5.8.4</i></p>

**NB: A person who has been re-licensed following persistent drug misuse or dependence must be advised as part of their after-care that if their condition recurs they should cease driving and the RTA should be notified.**

## CHAPTER 6

### VISUAL DISORDERS

A license holder or applicant is considered as suffering a **disability** if unable to meet the eyesight requirements if they cannot meet the following eye sight requirements.

#### Light Vehicles and Motorcycles

One Eye	Second Eye
6/18	6/18
6/12	6/24
6/9	6/36 or 6/60
6/6	Blind

#### Heavy Vehicles

One Eye	Second Eye
6/6	6/9 or 6/12 or 6/18
6/9	6/9

#### Buses and Equipment

One Eye	Second Eye
6/6	6/6

If unable to meet this standard, the driver must not drive and the license must be refused or revoked.

**Registration for sight impairment or severe sight impairment** will normally be regarded as incompatible with holding a driving license. However, attention will be given to the standards indicated below in deciding on fitness to drive.

VISUAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
1. ACUITY	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.1.1</i></p> <p>Must be able to meet the above prescribed eyesight requirement. If further assessment is requested</p> <p><i>Medical Code – 6.1.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.1.2</i></p> <p>New applicants are barred if the visual acuity, using corrective lenses if necessary, is worse than 6/9 in the better eye or 6/12 in the other eye. Also, the uncorrected acuity in each eye MUST be at least 3/60. If further assessment is requested</p> <p><i>Medical Code – 6.1.4</i></p>
2. CATARACT  Includes severe bilateral cataracts, failed bilateral cataract extractions and post cataract surgery where these are affecting the eyesight.	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.2.1</i></p> <p>Must be able to meet the above eyesight requirement. In the presence of cataract, glare may prevent the ability to meet the number plate requirement, even with apparently appropriate acuities. If further assessment is requested</p> <p><i>Medical Code – 6.2.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.1.2</i></p> <p>Must be able to meet the above prescribed acuity requirement. In the presence of cataract, glare may prevent the ability to meet the number plate requirement, even with appropriate acuities. If further assessment is requested</p> <p><i>Medical Code – 6.2.4</i></p>

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<p>3. MONOCULAR VISION  (includes the use of one eye only for driving)</p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.3.1</i></p> <p><b>Complete</b> loss of vision in one eye (ie. If there is any light perception, driver is not considered monocular).  May drive when clinically advised that driver has adapted to the disability <b>and</b> the prescribed eyesight standard in the remaining eye can be satisfied <b>and</b> there is a normal monocular visual field in the remaining eye, i.e. there is no area of defect which is caused by pathology. If further assessment is requested</p> <p><i>Medical Code – 6.3.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.3.2</i></p> <p><b>Complete</b> loss of vision in one eye or corrected acuity of less than 3/60 in one eye. Applicants are barred from holding a Group 2 license. If further assessment is requested</p> <p><i>Medical Code – 6.3.4</i></p>
<p>4. VISUAL FIELD DEFECTS Disorders such as severe bilateral glaucoma, severe bilateral retinopathy, retinitis pigmentosa and other disorders producing field defect including partial or complete homonymous hemianopia/quadrantanopia or complete bitemporal hemianopia.</p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.4.1</i></p> <p><b>Driving must cease unless</b> confirmed able to meet recommended guidelines for visual field. (See end of Chapter for full definition and for conditions to be met for consideration as an exceptional case on an individual basis) If further assessment is requested</p> <p><i>Medical Code – 6.4.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.4.2</i></p> <p>Normal binocular field of vision is required, i.e., any area of defect in a single eye is totally compensated for by the field of the other eye. If further assessment is requested</p> <p><i>Medical Code – 6.4.4</i></p>

**See Appendix at end of this Chapter**

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<p>5. DIPLOPIA</p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.5.1</i></p> <p><b>Cease driving on diagnosis.</b></p> <p>Resume driving on confirmation that the diplopia is controlled by glasses or by a patch which the license holder undertakes to wear while driving. (If patching, note requirements above for monocularly). <b>Exceptionally</b> a stable uncorrected diplopia of 6 months’ duration or more may be compatible with driving if there is consultant support indicating satisfactory functional adaptation.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.5.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.5.2</i></p> <p>Permanent refusal or revocation if insuperable diplopia. Patching is not acceptable.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.5.4</i></p>
<p>6. NIGHT BLINDNESS</p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.6.1</i></p> <p>Acuity and field standards must be met.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.6.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.6.2</i></p> <p>Group 2 acuity and field standards must be met.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.6.4</i></p>
<p>7. COLOUR BLINDNESS</p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.7.1</i></p> <p>Driving may continue with no restriction on license.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.7.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –6.7.2</i></p> <p>Driving may continue with no restriction on license.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.7.4</i></p>
<p>8. BLEPHAROSPASM</p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.8.1</i></p> <p>Consultant opinion required. If mild, driving can be allowed subject to satisfactory medical reports. Control of <b>mild</b> blepharospasm with botulinum toxin <b>may</b> be acceptable provided that treatment does not produce debarring side effects such as uncontrollable diplopia. Driving is not normally permitted if condition severe, and affecting vision, even if treated.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.8.3</i></p>	<p><i>Has Medical Condition.</i> <i>Medical Code – 6.8.2</i></p> <p>Consultant opinion required. If mild, driving can be allowed subject to satisfactory medical reports. Control of <b>mild</b> blepharospasm with botulinum toxin <b>may</b> be acceptable provided that treatment does not produce debarring side effects such as uncontrollable diplopia. Driving is not permitted if condition severe, and affecting vision, even if treated.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 6.8.4</i></p>

See Appendix at end of this Chapter

## Appendix

### FIELD OF VISION REQUIREMENT FOR THE HOLDING OF GROUP I LICENSE ENTITLEMENT

The minimum field of vision for safe driving is defined as “a field of at least 120° on the horizontal measured using a target equivalent to the white Goldmann III4e settings. In addition, there should be no **significant** defect in the binocular field which encroaches within 20° of fixation above or below the horizontal meridian”.

This means that homonymous or bitemporal defects, which come close to fixation, whether hemianopic or quadrantanopic, are not normally accepted as safe for driving.

If a Visual field assessment is necessary to determine fitness to drive, this is to be a binocular Esterman field. Monocular full field charts may also be requested in specific conditions. Exceptionally, Goldmann perimetry, carried out to strict criteria, will be considered. Advice is that, for an Esterman binocular chart to be considered reliable for licensing, the false positive score must be no more than 20%. When assessing monocular charts and Goldmann perimetry, fixation accuracy will also be considered.

The interpretation of visual field charts for the purposes of driver licensing described below refers to perimetry performed on a Humphrey Field Analyser.

#### **Defect affecting central area ONLY (Esterman)**

For GROUP 1 licensing purposes, pending the outcome of current research, the following are generally regarded as **acceptable central** loss:

- Scattered single missed points
- A single cluster of up to 3 adjoining points

For GROUP 1 licensing purposes the following are generally regarded as **unacceptable (i.e. ‘significant’) central** loss:

- A cluster of 4 or more adjoining points that is either wholly **or partly** within the central 20 degree area
- Loss consisting of both a single cluster of 3 adjoining missed points up to and including 20 degrees from fixation, **and any** additional separate missed point(s) within the central 20 degree area
- **Any** central loss that is an **extension** of a hemianopia or quadrantanopia of size greater than 3 missed points.

#### **Defect affecting the peripheral areas – width assessment**

For GROUP 1 licensing, the following will be disregarded when assessing the width of field:

- A cluster of **up to three** adjoining missed points, unattached to any other area of defect, lying on or across the horizontal meridian
- A vertical defect of only single point width but of any length, unattached to any other area of defect, which touches or cuts through the horizontal meridian.



## CHAPTER 7

### RENAL DISORDERS

RENAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
1. CHRONIC RENAL FAILURE CAPD (Continuous ambulatory peritoneal dialysis) Haemodialysis	<p><b>Has Medical Condition</b> <b>Medical Code – 7.1.1</b></p> <p>No restriction on holding a license unless subject to severe electrolyte disturbance or significant symptoms, e.g. sudden disabling attacks of giddiness or fainting or impaired psychomotor or cognitive function when the license may be revoked or the application refused.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 7.1.3</b></p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 7.1.2</b></p> <p>For licensing, assess drivers with these disabilities against the criteria as shown in the Group 1 Entitlement. If passed license will be issued.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 7.1.4</b></p>
2. All other renal disorders	<p><b>Has Medical Condition.</b> <b>Medical Code – 7.2.1</b> Associated with a relevant disability. If further assessment is requested</p> <p><b>Medical Code – 7.2.3</b></p>	<p><b>Has Medical Condition.</b> <b>Medical Code – 7.2.2</b> Associated with significant symptoms or a relevant disability. If further assessment is requested</p> <p><b>Medical Code – 7.2.4</b></p>

### RESPIRATORY and SLEEP DISORDERS

RESPIRATORY and SLEEP DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
3. SLEEP DISORDERS Including Obstructive Sleep Apnoea syndrome causing excessive daytime / awake time sleepiness Further information can be found on leaflet “ <b>INF159</b> ” <a href="http://www.dvla.gov.uk/dvla/~media/pdf/leaflets/INF159.ashx?">http://www.dvla.gov.uk/dvla/~media/pdf/leaflets/INF159.ashx?</a>	<p><b>Has Medical Condition</b> <b>Medical Code – 7.3.1</b></p> <p>Driving must cease <b>until</b> satisfactory control of symptoms has been attained.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 7.3.3</b></p>	<p><b>Has Medical Condition</b> <b>Medical Code – 7.3.2</b></p> <p><b>Driving must cease until</b> satisfactory control of symptoms has been attained, with ongoing compliance with treatment, confirmed by consultant / specialist opinion.</p> <p>If further assessment is requested</p> <p><b>Medical Code – 7.3.4</b></p>

**Medical Standard for the assessment of drivers. Issued by the RTA & DHA, Dubai, UAE.**

<p>4. COUGH SYNCOPE</p>	<p><i>Has Medical Condition Medical Code –7.4.1</i></p> <p><b>Driving must cease</b> for 6 months if a single episode.</p> <p>Increased to 12 months if multiple attacks.</p> <p>Reapplication may be considered at an earlier time if the following can be satisfied:</p> <p>Any underlying chronic respiratory condition is well controlled, smoking cessation, BMI &lt; 30, gastro oesophageal reflux treated. If further assessment is requested</p> <p><i>Medical Code – 7.4.3</i></p>	<p><i>Has Medical Condition Medical Code –7.4.2</i></p> <p>5 years off driving from the date of the last attack.</p> <p>Reapplication at 1 year if the following can be satisfied:</p> <p>Any underlying chronic respiratory condition is well controlled, smoking cessation, BMI &lt; 30, gastro oesophageal reflux treated.</p> <p>This shall require confirmation by specialist opinion.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 7.4.4</i></p>
<p>5. RESPIRATORY DISORDERS including asthma, COPD (Chronic Obstructive Pulmonary Disease)</p>	<p><i>Has Medical Condition Medical Code –7.5.1</i></p> <p>Attacks are associated with disabling giddiness, fainting or loss of consciousness.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 7.5.3</i></p>	<p><i>Has Medical Condition Medical Code –7.5.2</i></p> <p>As for Group 1 license.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 7.5.4</i></p>
<p>6. CARCINOMA OF LUNG</p>	<p><i>Has Medical Condition Medical Code –7.6.1</i></p> <p>Cerebral secondaries are present. (See Chapter 1 for malignant brain tumour)</p> <p>If further assessment is requested</p> <p><i>Medical Code – 7.6.3</i></p>	<p><i>Has Medical Condition Medical Code –7.6.2</i></p> <p>Those drivers with non small cell lung cancer classified as T1N0M0 can be considered on an individual basis.</p> <p>In other cases, driving must cease until 2 years has elapsed from the time of definitive treatment. Driving may resume providing treatment satisfactory and no brain scan evidence of intracranial metastases.</p> <p>If further assessment is requested</p> <p><i>Medical Code – 7.6.4</i></p>

## CHAPTER 8

### MISCELLANEOUS CONDITIONS

MISCELLANEOUS CONDITIONS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
1. DEAFNESS (PROFOUND)	<p><i>Has Medical Condition</i> <i>Medical Code –8.1.1</i> If further assessment is requested</p> <p><i>Medical Code – 8.1.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –8.1.2</i></p> <p>Of paramount importance is the proven ability to be able to communicate in the event of an emergency by speech or by using a device e.g. a MINICOM. If unable so to do the license is likely to be refused or revoked. If further assessment is requested</p> <p><i>Medical Code – 8.1.4</i></p>
2. BRAIN TUMOURS	Please refer to the appropriate section of Chapter 1	Please refer to the appropriate section of Chapter 1
3. LUNG CANCER	Please refer to the appropriate section of Chapter 7	Please refer to the appropriate section of Chapter 7
4. OTHER CANCERS	<p><i>Has Medical Condition</i> <i>Medical Code –8.4.1</i></p> <p>Please see below If further assessment is requested</p> <p><i>Medical Code – 8.4.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –8.4.2</i></p> <p>Please see below If further assessment is requested</p> <p><i>Medical Code – 8.4.4</i></p>
<p>For all tumours, fitness to drive depends upon:</p> <ul style="list-style-type: none"> <li>The prospective risk of a seizure:</li> </ul> <p>For Group 1 entitlement unless there are cerebral metastases or significant complications of relevance (see subsequent bullet points for guidance).</p> <p>For Group 2 entitlement (VOC), specific attention is paid to the risk of cerebral metastasis.</p> <ul style="list-style-type: none"> <li>Specific limb impairment, e.g. from bone primary or secondary cancer.</li> <li>General state of health. Advanced malignancies causing symptoms such as general weakness or cachexia to such an extent that safe driving would be comprised is not acceptable for safe driving.</li> </ul> <p>For eye cancers, the vision requirements must be met as well as the above.</p>		
5. AIDS Syndrome	<p><i>Has Medical Condition</i> <i>Medical Code –8.5.1</i></p> <p>Driving may continue providing medical enquiries confirm no relevant associated disability likely to affect driving. If further assessment is requested</p> <p><i>Medical Code – 8.5.3</i></p>	<p><i>Has Medical Condition</i> <i>Medical Code –8.5.2</i></p> <p>In the absence of any debarring symptoms CD4 count will need to be maintained at 200 or above for at least 6 months to be eligible. If further assessment is requested</p> <p><i>Medical Code – 8.5.4</i></p>
6. HIV positive	<p>If further assessment is requested</p> <p><i>Medical Code – 8.6.3</i></p>	<p>If further assessment is requested</p> <p><i>Medical Code – 8.6.4</i></p>

<p>7. AGE (Older Drivers)</p>	<p><b><i>Has Medical Condition Medical Code –8.7.1</i></b></p> <p>Age is no bar to the holding of a license. However, as ageing progresses, a driver or his/her relative(s) may be aware that the combination of progressive loss of memory, impairment in concentration and reaction time with possible loss of confidence, suggest consideration be given to cease driving. Physical frailty is not per se a bar to the holding of a license.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 8.7.3</i></b></p>	<p><b><i>Has Medical Condition Medical Code –8.7.2</i></b></p> <p>Same as Group 1.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 8.7.4</i></b></p>
<p>8. HYPOGLYCAEMIA FROM ANY CAUSE OTHER THAN THE TREATMENT OF DIABETES</p>	<p><b><i>Has Medical Condition Medical Code –8.8.1</i></b></p> <p>If suffering episodes of severe hypoglycaemia should cease driving while liable to these episodes. Examples would include after bariatric surgery or in association with eating disorders.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 8.8.3</i></b></p>	<p><b><i>Has Medical Condition Medical Code –8.8.2</i></b></p> <p>If suffering episodes of severe hypoglycaemia should cease driving while liable to these episodes. Example would include after bariatric surgery or in association with eating disorders.</p> <p>If further assessment is requested</p> <p><b><i>Medical Code – 8.8.4</i></b></p>

### **IMPAIRMENT OF COGNITIVE FUNCTION**

e.g. post stroke, post head injury, early dementia

There is no single or simple marker for assessment of impaired cognitive function although the ability to manage day to day living satisfactorily is a possible yardstick of cognitive competence. In-car assessments, on the road with a valid license, are an invaluable method of ensuring that there are no features present liable to cause the patient to be a source of danger, e.g. visual inattention, easy distractibility, and difficulty performing multiple tasks. In addition it is important that reaction time, memory, concentration and confidence are adequate and do not show impairment likely to affect driving performance.

#### **COGNITIVE DISABILITY**

Group 2

Impairment of cognitive functioning is not usually compatible with the driving of these vehicles.

Mild cognitive disability may be compatible with safe driving and individual assessment will be required.

## Appendix 1

### DISABLED DRIVERS

#### CARS (Group 1)

Driving is possible in both static and progressive or relapsing disorders but vehicle modification may be needed.

- |  |   |
|--|---|
| 1) Permanent Limb Disabilities/<br>Spinal Disabilities | e.g. Amputation, Hemiplegia/Cerebral Palsy, Ankylosing Spondylitis,<br>Severe Arthritis, especially with pain |
| 2) Chronic Neurological Disorders:                     | e.g. Multiple Sclerosis, Parkinson's Disease,<br>Motor Neurone Disease, peripheral neuropathy                 |

Sophisticated vehicle adaptation is now possible and varies from automatic transmission to joy sticks and infra red controls for people with severe disabilities.

#### LGV/PCV (Group 2)

Some disabilities **may** be compatible with the driving of large vehicles if mild and non-progressive. Individual assessment will be required.

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