



Driver & Vehicle
Licensing
Agency

Driver and Vehicle Licensing Agency
SAR Team, D11
Swansea
SA99 1BX

Mr Saleem Aziz



40434



Telephone: Drivers: 0300 790 6801
Vehicles: 0300 790 6802
Medical: 0300 790 6806

Website: www.gov.uk/dvla

Our Reference: [REDACTED]

Date: 07 April 2025

Dear Mr Aziz,

Thank you for your recent subject access request.

The subject access team are not a medical team nor are we part of the medical department. We are only responsible for providing copies of information held on drivers, medical and vehicle records. Therefore, unfortunately, I am not able to advise you on your medical licence or on any decisions that have been made.

Please find enclosed all available information relating to your request.

Should you wish to obtain further information or raise any concerns you may have about the information that has been provided to you, please email SubjectAccess.Requests@dvla.gov.uk quoting your reference number.

You can find out more information in our privacy policy which can be found at www.gov.uk/government/publications/dvla-privacy-policy. This Policy explains the reasons why we collect and process personal data relating to you, who we may share it with, your rights, and gives the relevant legislation that allows us to do so.

You have the right to complain to the Information Commissioner's Office if you believe that DVLA has not handled your subject access request appropriately. You can contact the Information Commissioner's Office online at <https://ico.org.uk/global/contact-us/>

Rev May 20

Yours sincerely

SAR Team



PRI

PRIORITY 1

XS



Driver & Vehicle
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Notification of possible medical condition, non-driving incidents only

D751A

A Licence holder's details

Full name: Mr Saleen AZIZ

Address: [REDACTED]

Is this the address on the driving licence Yes ☐ No ☒

If 'No', please ask the licence holder to sign the declaration below.

I confirm the address given above is my new address and all DVLA correspondence should be sent there.

Signature: Not present when completed Date: / /

Date of birth: 25 / 06 / 1999 Phone number: [REDACTED] Driver number: [REDACTED]

Licence type: Full ☒ Full (with restrictions) ☐ Provisional ☐ LGV/PCV ☐ Expired licence ☐

Foreign ☐ Issuing authority DVLA

B Details of incident, accident or circumstances

1. Date: 03 / 02 / 2024 Time: 2100 Type of vehicle:

Accident reference number:

2. Type of incident? Please tick ☒ all relevant boxes

Arrest ☐

Illness/injury ☐

Other incident ☐

Circumstances of the incident or encounter (Where this report relates to alcohol or drugs, please explain why you consider the subject to be a 'persistent misuser'. You may wish to refer to DVLA's police bulletin for guidance on circumstances where referral may be appropriate. Please continue on a separate sheet if necessary.)

AZIZ has approached uniformed traffic police officers and told them he is a habitual cannabis user and produced a container of herbal cannabis which he states he is prescribed for medicinal purposes.

AZIZ also told police he consumes on average 2 grams of said cannabis per day. AZIZ'S admission was witnessed by two police officers and captured on bodyworn video.

3. Medical attendance/examination i.e. by F.M.E. or at hospital

Non applicable

If the subject was taken to hospital, please provide the hospital address

Non applicable

Ambulance ref number

Ambulance HQ address

5/19

C Police details

Police Force or Constabulary: Devon & Cornwall Police

D Information of medical conditions or details

1. Please tick ☒ medical condition(s) which appear responsible for the Incident

Blackout ☐ Fit/convulsion ☐ Diabetes ☐ Heart ☐

Stroke ☐ Drugs (go to 3) ☒ Mental health ☐

Alcohol ☐ Give details:

Confusion ☐ Give details:

Mobility ☐ Give details:

Other ☐ Give details:

2. If there is any other relevant medical information, please give details below:

Where this report relates to alcohol or drugs, please explain why you consider the subject to be a persistent misuser.
(please continue on a separate sheet if necessary)

3. Drug which the person is suspected to be persistently misusing:

(i) Class A, B or C drug (Misuse of Drugs Act 1971) ☐

Specify drugs (illicit) Cannablis

(ii) Prescribed drugs ☐ Specify:

Prescribing doctor's name and address if known:

(iii) Over the counter preparation or other substance: ☐ Specify:

For info: A positive roadside drugs test does not automatically indicate drugs misuse or dependency.

Further evidence i.e. declaration of ongoing consumption, would be needed.

Date of positive roadside test / /

Are you prosecuting driver? Yes ☐ No ☐

If 'yes', do not send this form to DVLA.

Date of prosecution / /

E Additional details

1. Are witness reports available? Yes ☒ No ☐ If 'yes', please send copies after submitting this form.

2. Forensic medical examiner's report available? Yes ☐ No ☒ Do not send this report to DVLA

3. Has the driver voluntarily surrendered their Group 1 (cars and motorcycles) driving licence? Yes ☐ No ☐

4. Has the driver voluntarily surrendered their Group 2 (lorries and buses) driving licence? Yes ☐ No ☐

5. Are you sending in the driving licence after submitting this form? Yes ☐ No ☐

If 'Yes' to Q3 or Q4, please enclose a filled in and signed Declaration of surrender form with the driving licence and this form.

Note: Where the licence is valid.

These notifications are treated as priority by the DVLA as the individual has legal entitlement to continue driving pending medical enquiries. This notification should not prejudice any law enforcement action that should be taken where a specific offence has been committed by the person.

Witness Statement

Page 1 of 1

Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s. 9

URN: 50 24

Statement of: [REDACTED]

Age if under 18 (if over insert "over 18"): Over 18

Occupation: Police Constable

This statement (consisting of Pages(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Signature: Ww 7163

Date: 04/02/2024

I am Motor Police Constable 7163 [REDACTED] of DEVON & CORNWALL POLICE Roads Policing Team, stationed at EXETER POLICE STATION. On SATURDAY 3RD FEBRUARY 2024 I was on uniformed duty in company of MPS 6758 [REDACTED]

At approximately 2050hrs on the above day we were on HONITON ROAD, EXETER dealing with a road traffic collision when a member of public approached MPS JONES and I. The member of public produced a plastic tub containing what I believed was herbal cannabis. He asked police if it were legal to be in possession of it and was also filming our interaction. The male identified himself as Mr Aziz SALEEM born 25/6/1999 and provided a home address of [REDACTED]

AZIZ stated he was prescribed the cannabis from a website and consumed on average two grams of cannabis per day. I asked AZIZ if he had a drivers licence and replied "YES" and followed by stating words to the effect of, "BUT I DON'T DRIVE WHEN IMPAIRED".

Given AZIZ was using a significant amount of cannabis per day and also held a UK drivers licence, he poses a risk to himself and others and his licence status needs urgent review. On return to the police station I conducted a check of his driver's licence status. This showed AZIZ was a substantive UK licence holder with a previous DR10 conviction. Driver number [REDACTED]. The image of AZIZ on the DVLA portal matches that of the male who identified himself as AZIZ and I am therefore satisfied the details he provided were correct.

Signature: Ww 7163

Signature Witnessed by: N/A

05/2012

OFFICIAL-SENSITIVE



Driver & Vehicle
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Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Our Reference: [REDACTED]

Date: [REDACTED] 16 February 2024

Dear Mr Aziz,

We have received information from a third party.

We need to make confidential enquiries into your fitness to drive.

What you need to do

Step 1:
Complete the enclosed
medical questionnaire.

If you do not respond within 14 days of the date of this letter your driving licence will be revoked (cancelled) or your application refused.

If you do not give us all the information we need, including the **full name, address and telephone number** of your doctor/consultant, this form will be returned to you and this **will result in delays**.

Step 2:
Complete the enclosed
declaration.

Step 3:
Return both to DVLA using
the enclosed envelope.

What happens next

When we receive your completed forms we will aim to make a decision within 6 weeks. However, we may need to write to your doctor or consultant, which could take longer. If we do this we will let you know.

If you require further information visit:

www.gov.uk/driving-medical-conditions/what-happens-after-you-tell-dvla or go to www.gov.uk and search for INF94 to view the guide for drivers with a medical condition.

Releasing details of the notifier

Under Data Protection Law, DVLA is not obliged to release any third party information that has been received. We are unable to provide you with details of the person(s) who has notified us.

We have a responsibility to promote road safety and can only act upon information received. We are unable to become involved in any dispute regarding the validity of such information.

Can I continue to drive?

You must be confident that your licence would not be revoked due to any medical condition. If you are unsure if you meet the medical standards for driving, please see your doctor or specialist for advice.

Important information

The Road Traffic Act requires the Secretary of State (in practice the DVLA) to investigate the health of a driver if information is received which suggests that there may be concerns surrounding road safety.

DVLA does not make any medical enquiries without first making the driver aware.

Any medical details provided are given full and careful consideration before a final decision is made about any entitlement to drive. Such decisions are based on the medical evidence alone.

The Law: Section 94(4)(5)(8) of the Road Traffic Act 1988

Rev July 22

Yours sincerely,

Drivers Medical Group

Encs:

AUTHORISE DG1 DG



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Agency

Confidential medical information

DG1
Rev Jul 22
48026446

PART A: ABOUT YOU

Please complete this form in BLOCK CAPITAL letters using BLACK INK

Title MR Full name SALEEM AZIZ
Full address [REDACTED]
Postcode [REDACTED] Date of birth 25/06/1999
NHS number [REDACTED] Driver number [REDACTED]
Mobile number [REDACTED] Home number [REDACTED]
(Optional) (Optional)
Email [REDACTED]
(Optional)

PART B: HEALTHCARE PROFESSIONAL DETAILS

Please provide the details of the GP and Consultant you have seen for this condition
IMPORTANT: Failure to provide your GP/Consultant's full information will result in your case being delayed.

GP DETAILS

Full name DR WILLIAM ELIAS - JONES
Surgery TOWNSEND HOUSE MEDICAL CENTRE
Full address 49 HAREPATH ROAD
SEATON
Postcode EX12 2RY Phone number 01297 20616
Email [REDACTED]
Date last seen by GP for this condition N/A - No condition specified

CONSULTANT DETAILS

Title DR Full name JURGITA SORIENE
Department MAMERICA
Full Hospital address 2 LOWER SLOANE STREET
LONDON

Postcode SW1W 8BJ Phone number 03305801170
Email [REDACTED]
Date last seen by consultant for this condition N/A - No condition specified

Driver & Vehicle Licensing Agency



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Medical in confidence

DG1
Rev Jan 19
48026446

Questionnaire to assess your medical fitness to drive
If you need assistance completing this form please speak to your doctor

1. In the past 3 years have you been on a drug treatment programme? e.g. buprenorphine, methadone, naltrexone for opioid drug dependence
- Yes ☐ No ☐

If Yes, please give the date treatment started, and ended (if applicable)

Start date		End date	
Month	Year	Month	Year

2. In the past 3 years have you been on a drug treatment programme for any other drug problems? e.g. cannabis
- Yes ☐ No ☐

If Yes, please give the name of the drug(s) _____

Please give the date treatment started and ended (if applicable)

Start date		End date	
Month	Year	Month	Year

3. If Yes to either question 1 or 2, please give the name and address of your doctor/consultant at the clinic.

Name _____

Address _____

Date of last contact

Month	Year

Driver & Vehicle Licensing Agency

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DGI

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4. Within the last 3 years have you used any of the following drugs?
(Please indicate which drugs and provide the requested information)

	Yes	Date first used Month/Year	Date last used Month/Year	How much? (quantity used)	How often? (per week/month)
a) Heroin?	☐	☐	☐	☐	☐
b) Morphine?	☐	☐	☐	☐	☐
If Yes, is the morphine prescribed?					
c) Non prescribed methadone or buprenorphine ?	☐	☐	☐	☐	☐
d) Cocaine/Crack Cocaine?	☐	☐	☐	☐	☐
e) Methamphetamine/ Crystal Meth?	☐	☐	☐	☐	☐
f) Benzodiazepines? (e.g. Diazepam/ Temazepam)	☐	☐	☐	☐	☐

If Yes, are the benzodiazepines prescribed?

Yes	How much? (quantity used)	How often? (per week/month)
☐	☐	☐

PRESCRIBED CANNABIS

	Yes	Date first used Month/Year	Date last used Month/Year	How much? (quantity used)	How often? (per week/month)
g) Cannabis?	☒	02 2023	02 2024	60 grams	MDMA PRN
h) Amphetamine?	☐	☐	☐	☐	☐
i) Ecstasy (MDMA)?	☐	☐	☐	☐	☐
j) LSD?	☐	☐	☐	☐	☐
k) Ketamine?	☐	☐	☐	☐	☐
l) Other illicit/street drugs?	☐	☐	☐	☐	☐

If Yes, please give name of drug(s)

m) Legal or illegal highs? ☐ ☐ ☐

If Yes, please give name of drug(s)

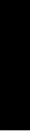
n) Solvents? ☐ ☐ ☐

If Yes, please give name of drug(s)

☐

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DGI



5. Within the last 3 years have you had an accident/injury, including a road traffic accident, as a result of your drug misuse?

Yes ☐ No ☒

6. Within the last 3 years have you had a problem with your family/work or home life due to your drug misuse?

Yes ☐ No ☒

7. Have you had any medical conditions caused by drug misuse?

Yes ☐ No ☒

8. Have you ever had any fits, seizures or blackouts?

Yes ☐ No ☒

a) Please give the date of the most recent episode.

If Yes, please give the name and address of the doctor we should contact for further information.

Name _____

Address _____

Date of last contact Month Year

9. In the last 3 years have you regularly misused or been dependent on alcohol?

Yes ☐ No ☒

If Yes, please give the name and address of the doctor we should contact for further information.

Name _____

Address _____

Date of last contact Month Year

Driver & Vehicle Licensing Agency



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DG1

10. In the last 3 years have you had any mental health problems?

Yes ☒

No ☐

If Yes, please give the name and address of the doctor we should contact for further information.

Name DR JURGITA SORIENTE
Address 2 LOWER SLOANE STREET
LONDON
SW1W 8BJ

Date of last contact Month 09 Year 2023

Driver declaration: I declare that I have checked the details given and that to the best of my knowledge and belief, they are correct.

Please be aware that incomplete answers may result in delays.

Signed: SARINAZI

Date: 23/02/2024

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Driver & Vehicle
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Applicant's authorisation

You must fill in this section and must **not** alter it in any way. Please read the following information carefully and sign to confirm the statements below.

Important information about fitness to drive

- As part of the investigation into your fitness to drive, we (DVLA) may require you to have a medical examination and/or some form of practical assessment. If we do, the individuals involved in these will need your background medical details to carry out an appropriate assessment.
- These individuals may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only share information relevant to the medical assessment of your fitness to drive.
- Also, where the circumstances of your case appear to suggest the need for this, the relevant medical information may need to be considered by one or more of the members of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

For information about how we process your data, your rights and who to contact, see our privacy notice at www.gov.uk/dvla/privacy-policy

This section must NOT be altered in any way.

Declaration

I authorise my doctor, specialist or appropriate healthcare professional to disclose medical information or reports about my health condition to the DVLA, on behalf of the Secretary of State for Transport, that is relevant to my fitness to drive.

I understand that the doctor that I authorise, may pass this authorisation to another registered healthcare professional, who will be able to provide information about my medical condition that is relevant to my fitness to drive.

I understand that the Secretary of State may disclose such relevant medical information as is necessary to the investigation of my fitness to drive to doctors and other healthcare professionals such as orthoptists, paramedical staff and the Secretary of State for Transport's Honorary Medical Advisory panel members.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief they are correct.

"I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution."

Name: SALEEM AZIZ

Signature: Saleem

Date: 23/02/2024

I authorise the Secretary of State to correspond with medical professionals via ☒ Yes ☐ No electronic channels (fax or email)

If you would like to be contacted about your application by email or text message (SMS), please tick the appropriate boxes (below). If not, DVLA will continue to contact you by post.

I authorise a representative of the Secretary of State to contact me via Email or SMS text in relation to this application (Please Tick): Email ☒ Yes ☐ No SMS (Text) ☒ Yes ☐ No

Driver & Vehicle Licensing Agency

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**Driver & Vehicle
Licensing
Agency**

Dr Jurgita Soriene
Mamedica
2 Lower Sloane Street
LONDON
SW1W 8BJ

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/dvla/fitnessdrive

37780

Our Reference:



Date: 08 March 2024

Dear Doctor Soriene

RE: Mr Saleem Aziz

DOB: 25-Jun-1999

ADDRESS:

Important – we are making enquiries into your patient's fitness to drive. It is important that you read all the guidance notes to avoid any delays in payment

We are investigating your patients fitness to hold a Group 1, car and/or motorcycle driving licence.

We have been notified that your patient is experiencing/ has experienced mental health problems/prescribed cannabis. We urgently need to assess whether they can meet the medical standards of fitness to drive.

Current medical standards for driving are available to view online at www.gov.uk/dvla/fitnessdrive

It is important that the medical questionnaire/s are completed and returned to the DVLA without unreasonable delay as per GMC guidance which can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---patients-fitness-to-drive-and-reporting-concerns-to-the-dvla-or-dva

What you need to do

Step 1 - Complete the enclosed medical questionnaire from patient's records. You may pass this medical questionnaire to another healthcare professional to complete.

Step 2 - Complete your invoice using the guidance given overleaf. Please note that incomplete invoices will not be processed and will be returned to you.

Step 3 - Send the completed medical questionnaire and invoice to DVLA by 29 March 2024 using the envelope provided.

Delays in DVLA receiving additional medical information could pose a risk to road safety and inconvenience your patient.

Yours sincerely,

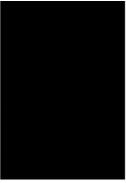
Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA



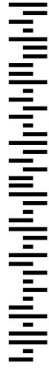
**Driver & Vehicle
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Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

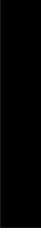
Mr Saleem Aziz



40434



Our Reference:



Date: 08 March 2024

Dear Mr Aziz,

PROGRESS UPDATE ON OUR MEDICAL ENQUIRIES

I am writing to keep you updated on the progress of our enquiries.

We have written to Dr Jurgita Soriene, Mamedica, 2 Lower Sloane Street, LONDON, SW1W 8BJ. I hope you can appreciate that we need to write to your doctor/consultant to ensure they do not have any concerns that your medical condition affects your ability to safely control your vehicle at all times.

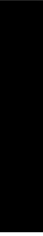
As soon as we are in receipt of the information we will write to you to let you know further progress. You only need to contact us if you have new information for us to consider, such as a change in the above medical professional's details.

If you wish to see our standards of service you can do so by viewing www.gov.uk/driving-medical-conditions/what-happens-after-you-tell-dvla or <https://www.gov.uk/government/publications/inf94-customer-service-guide-for-drivers-with-a-medical-condition>

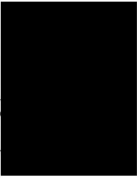
Rev Aug 20

Yours sincerely,

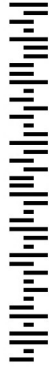
Drivers Medical Group



Mr Saleem Aziz



40434



Our Reference:



Date: 04 May 2024

Dear Mr Aziz,

Update on our medical enquiries

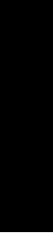
We wrote to Dr Jurgita Soriene, Mamedica, 2 Lower Sloane Street, LONDON, SW1W 8BJ, on 8 March 2024 asking for a medical report about your fitness to drive. I hope you can appreciate that we need to write to your doctor/consultant to ensure they do not have any concerns that your medical condition affects your ability to safely control your vehicle at all times.

As soon as we are in receipt of the information we will write to you to let you know further progress. You only need to contact us if you have new information for us to consider, such as a change in your medical professional's details.

Rev Oct 22

Yours sincerely,

Drivers Medical Group





**Driver & Vehicle
Licensing
Agency**

Dr Jurgita Soriene
Mamedica
2 Lower Sloane Street
LONDON
SW1W 8BJ



Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

37780 Our Reference: [REDACTED]
Date: 04 May 2024

Dear Dr Soriene

RE: Mr Saleem Aziz

ADDRESS: [REDACTED]

DOB: 25-Jun-1999

REMINDER

I refer to the questionnaire we sent you on 8 March 2024 regarding the above. Unfortunately, I do not appear to have received your reply.

I appreciate the considerable pressures on your time but until we receive your reply, your patient may be entitled to drive and **this may have an impact on road safety or your patient may be unlicensed longer than is necessary.**

To avoid further delay in making a licensing decision, I would be grateful if you could now return the report. If you cannot deal with this request or you are aware of any delays please could your secretary let us know.

I have enclosed a copy of our previous correspondence in case you are unable to locate the original. **If you have already replied to us, please do not send a duplicate as we can only pay one fee.**

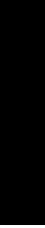
I have written to your patient to explain the position.

Rev May 18

Yours sincerely,

Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA

Encs:
DG 1035/978-693926





**Driver & Vehicle
Licensing
Agency**

Dr Jurgita Soriene
Mamedica
2 Lower Sloane Street
LONDON
SW1W 8BJ

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/dvla/fitnessdrive

37780

Our Reference:



Date: 08 March 2024

Dear Doctor Soriene

RE: Mr Saleem Aziz

DOB: 25-Jun-1999

ADDRESS:

Important – we are making enquiries into your patient's fitness to drive. It is important that you read all the guidance notes to avoid any delays in payment

We are investigating your patients fitness to hold a Group 1, car and/or motorcycle driving licence.

We have been notified that your patient is experiencing/ has experienced mental health problems/prescribed cannabis.

We urgently need to assess whether they can meet the medical standards of fitness to drive.

Current medical standards for driving are available to view online at www.gov.uk/dvla/fitnessdrive

It is important that the medical questionnaire/s are completed and returned to the DVLA without unreasonable delay as per GMC guidance which can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---patients-fitness-to-drive-and-reporting-concerns-to-the-dvla-or-dva

What you need to do

Step 1 - Complete the enclosed medical questionnaire from patient's records. You may pass this medical questionnaire to another healthcare professional to complete.

Step 2 - Complete your invoice using the guidance given overleaf. Please note that incomplete invoices will not be processed and will be returned to you.

Step 3 - Send the completed medical questionnaire and invoice to DVLA by 29 March 2024 using the envelope provided.

Delays in DVLA receiving additional medical information could pose a risk to road safety and inconvenience your patient.

Yours sincerely,

Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA



**Driver & Vehicle
Licensing
Agency**

Dr Jurgita Soriene
Mamedica
2 Lower Sloane Street
LONDON
SW1W 8BJ



Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Our Reference: [REDACTED]

37780 Date: 04 June 2024

Dear Dr Soriene

RE: Mr Saleem Aziz DOB: 25-Jun-1999
ADDRESS: [REDACTED]

URGENT-SECOND REMINDER

GMC Guidance (gmc-uk.org/guidance/good_medical_practice.asp) is that medical reports are completed and sent without unreasonable delay.

Without the information requested we are unable to deal with your patient's case and it will remain on hold until we receive your reply.

I refer to my letter of 04 May 2024 regarding the above patient. Unfortunately, I do not appear to have received your reply.

Until we receive your reply

- **your patient may be entitled to drive which may have an impact on road safety**
- **your patient may be unlicensed longer than is necessary.**

If you cannot deal with this request please could you ask your secretary to let us know.

I have enclosed another questionnaire in case you are unable to locate the original. If you have already completed and returned the original, please do not complete the duplicate form as we can only pay one fee.

Please complete and return the enclosed medical questionnaire within 10 working days

Rev Sept 17

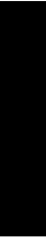
Yours sincerely,



Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA

Encs:

1035/980-520008





**Driver & Vehicle
Licensing
Agency**

Dr Jurgita Soriene
Mamedica
2 Lower Sloane Street
LONDON
SW1W 8BJ



Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Our Reference:

37780

Date: 04 May 2024

Dear Dr Soriene

RE: Mr Saleem Aziz
ADDRESS: [REDACTED]
DOB: 25-Jun-1999

REMINDER

I refer to the questionnaire we sent you on 8 March 2024 regarding the above. Unfortunately, I do not appear to have received your reply.

I appreciate the considerable pressures on your time but until we receive your reply, your patient may be entitled to drive and **this may have an impact on road safety or your patient may be unlicensed longer than is necessary**.

To avoid further delay in making a licensing decision, I would be grateful if you could now return the report. If you cannot deal with this request or you are aware of any delays please could your secretary let us know.

I have enclosed a copy of our previous correspondence in case you are unable to locate the original.
If you have already replied to us, please do not send a duplicate as we can only pay one fee.

I have written to your patient to explain the position.

Rev May 18

Yours sincerely,

Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA

Encs: DG 1035/978-693926



**Driver & Vehicle
Licensing
Agency**

Dr Jurgita Soriene
Mamedica
2 Lower Sloane Street
LONDON
SW1W 8BJ

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/dvla/fitnessdrive

37780

Our Reference:



Date: 08 March 2024

Dear Doctor Soriene

RE: Mr Saleem Aziz

DOB: 25-Jun-1999

ADDRESS:

Important – we are making enquiries into your patient's fitness to drive. It is important that you read all the guidance notes to avoid any delays in payment

We are investigating your patients fitness to hold a Group 1, car and/or motorcycle driving licence.

We have been notified that your patient is experiencing/ has experienced mental health problems/prescribed cannabis.

We urgently need to assess whether they can meet the medical standards of fitness to drive.

Current medical standards for driving are available to view online at www.gov.uk/dvla/fitnessdrive

It is important that the medical questionnaire/s are completed and returned to the DVLA without unreasonable delay as per GMC guidance which can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---patients-fitness-to-drive-and-reporting-concerns-to-the-dvla-or-dva

What you need to do

Step 1 - Complete the enclosed medical questionnaire from patient's records. You may pass this medical questionnaire to another healthcare professional to complete.

Step 2 - Complete your invoice using the guidance given overleaf. Please note that incomplete invoices will not be processed and will be returned to you.

Step 3 - Send the completed medical questionnaire and invoice to DVLA by 29 March 2024 using the envelope provided.

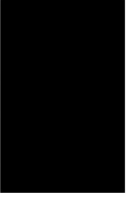
Delays in DVLA receiving additional medical information could pose a risk to road safety and inconvenience your patient.

Yours sincerely,

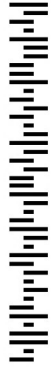
Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA



Mr Saleem Aziz



40434



Our Reference:



Date:

04 June 2024

Dear Mr Aziz,

UPDATE ON OUR MEDICAL ENQUIRIES

We wrote to your GP on 04 May 2024 asking for a medical report to be completed. As we have not received a reply we have sent a second reminder.

Please could you contact your surgery and ask for it to be dealt with as quickly as possible.

We are unable to make a decision about your fitness to drive until we receive the completed report. Your case will remain on hold until this report is received.

You don't need to contact DVLA unless you have new medical information for us to consider.

When we receive the medical report, the information will be reviewed and we will write to you again to advise you further.

Rev Sept 17

Yours sincerely,

Drivers Medical Group





**Driver & Vehicle
Licensing
Agency**

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Mr Saleem Aziz



40434

Date: 27 June 2024

Our Reference:



Dear Mr Aziz,

UPDATE ON OUR MEDICAL ENQUIRIES

I refer to our previous letters in which we advised you that we have written to your consultant requesting a report on your medical fitness to drive. We are still awaiting this information.

Without the information requested we are unable to make a decision about your driving licence. Your case has been on hold since 08/03/2024, the date we first requested a report/further information from your consultant.

It may be helpful if you could contact your consultant's secretary asking them to send us the information requested as soon as possible in order that we may progress a licensing decision.

Rev Aug 18

Yours sincerely,

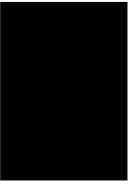
Drivers Medical Group



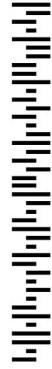
Driver & Vehicle
Licensing
Agency

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Mr Saleem Aziz



40434



Our Reference:



Date:

19 July 2024

Dear Mr Aziz,

Please confirm on the enclosed reply form the medical condition you are prescribed cannabis for.

If you do not provide the required information within 14 days, your driving licence may be revoked (cancelled) or your application refused.

An envelope is also enclosed for your use.

The Law: Section 94(4)(5) and (8) of the Road Traffic Act 1988

Yours sincerely,

Drivers Medical Group

Encs:

NS76REPLY

ENV



X1



Driver & Vehicle
Licensing
Agency

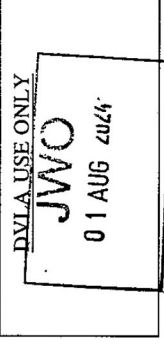
NS76 Reply Form

Mr Saleem Aziz

RE: Mr Aziz,
Case Reference: [REDACTED]
Letter Reference: NS76R
Date: 19 July 2024

Please enter requested details below:

I am Prescribed Cannabis for Anxiety





**Driver & Vehicle
Licensing
Agency**

Dr W Elias-Jones
Townsend House Medical Centre
49 Harepath Road
SEATON
EX12 2RY



40434

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
Website: www.gov.uk/dvla/fitnessdrive

Our Reference: [REDACTED]

Date: 05 August 2024

Dear Dr Elias-Jones

RE:	Mr Saleem Aziz	DOB:	25-Jun-1999
ADDRESS:	[REDACTED]		
TEL:	[REDACTED]		

We are investigating your patient's fitness to drive, an examination is required. Clinicians may consider that the required information may be obtained by methods other than by face-to-face examination (e.g. telephone consultation or video conferencing). Information obtained by such means would be acceptable to DVLA who will consider the clinician's signature to be verification that the clinician believes the information to be both accurate and correct. It is important that you read all the guidance notes to avoid any delays in payment

Your patient, is the subject of a Police report/accident and their fitness to hold a driving licence is being considered. Please clinically examine the patient for mental health and prescribed cannabis and determine the medical history with dates of events and fill in the enclosed questionnaire.

I enclose a copy of the relevant documents ns76r reply form. Please do not return these documents with your report as they are only for your reference. Please destroy in accordance with the accepted procedures for the disposal of confidential medical information.

Making an appointment

I have written to Mr Saleem Aziz telling them that an appointment must be made for the examination. If possible, please allocate an appointment within 6 weeks of the date of this letter.

Your fee

We will pay £85.00 when we receive the completed questionnaire and invoice. If you are VAT registered we will pay the fee plus VAT at the standard rate when we receive a VAT invoice.

Payment can only be made in the name of the GMC registered doctor who has completed or countersigned the report, the surgery employing the doctor or hospital providing facilities for the doctor.

If the above fee is likely to be exceeded you must seek written approval in advance from DVLA before carrying out any medical work.

You must not request any payment or part payment from the patient.

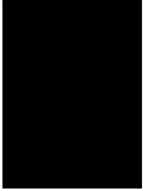
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Driver & Vehicle
Licensing
Agency

NS76 Reply Form

Mr Saleem Aziz

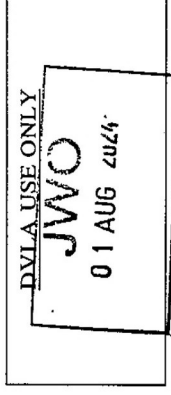


RE: Mr Aziz,
Case Reference: [REDACTED]
Letter Reference: NS76R
Date: 19 July 2024

Please enter requested details below:

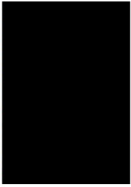
I am Prescribed Cannabis for Anxiety

Blank lines for additional details.





Mr Saleem Aziz



40434



Our Reference:



Date: 05 August 2024

Dear Mr Aziz,

Important – a medical examination is required

We have received a police report and have decided that you should have a medical examination and see:

Please contact:

Dr W Elias-Jones
Townsend House Medical Centre
49 Harepath Road
SEATON
EX12 2RY
Tel: 01297 20616

What you need to do

Step 1:

Wait at least 7 working days from receipt of this letter

Step 2:

Contact the receptionist to book an appointment (you must inform them the examination has been requested by the DVLA)

Step 3:

Attend the examination within six weeks of the date of this letter

Making an appointment

If you are having difficulty in making an appointment within 6 weeks of the date of this letter you must contact our customer call centre on **0300 790 6806** to tell us why an appointment has not been made. If you cannot attend your original appointment date then you must let the secretary/receptionist know and also inform our customer call centre of your new appointment details.

Attending your appointment

To avoid any delays on the day of your examination, you must take this letter and one other form of identification, for example, your passport, bank statement or a recent utility bill (showing **your** name and current address). You must also take your medication and glasses or contact lenses, if you wear them when driving.

If you do not keep your appointment your Group 1 car and/or motorcycle licence will be revoked (cancelled) or your application refused.



Appointment fees

DVLA will make payment for the examination directly to the GP or surgery but cannot pay for your travelling or other expenses.

Should you receive any invoice relating to this examination, please send it to DVLA at the above address. You should not make any payment to the doctor, surgery or NHS trust.

Please note, if you fail to attend the appointment and do not let the surgery know, you may be liable for any fee charged.

Yours sincerely,

Drivers Medical Group

After your medical examination

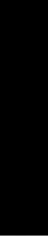
We will allow three weeks from the date of your appointment for the doctor to return the paperwork to DVLA. If we do not receive it within this time we will write to remind the doctor.

Our DVLA doctor(s) may then need to review the results of the examination. Due to current high workloads this may take several weeks.

We may also need to write to your doctor or consultant for further information. If we need to do this we will write to you to let you know.

The Law: Section 94(5) of the Road Traffic Act 1988, Section 94(8) of the Road Traffic Act 1988

Rev Mar 18





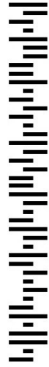
Driver & Vehicle
Licensing
Agency

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Mr Saleem Aziz



40434



Our Reference:



Date: 19 September 2024

Dear Mr Aziz,

On 1 August 2024 you advised DVLA that your prescribed cannabis for medical reasons.

You now must provide a copy of your most recent prescription or a copy of any letters confirming your prescription from the clinic who is prescribing this to you.

If you do not provide the required information within 14 days, your driving licence may be revoked (cancelled) or your application refused.

An envelope is also enclosed for your use.

The Law: Section 94(4)(5) and (8) of the Road Traffic Act 1988

Yours sincerely,

Drivers Medical Group

Encs:

NS76REPLY ENV



5X

Page 3 of 7

M2EXAM

Patient's name: Mr Saleem Aziz

3. With regard to your patient's condition, are they sufficiently well and stable?

Yes ☒ No ☐

- 3a. If yes, how long have they been well and stable?

YY MM
01 04

4. If the diagnosis is hypomania/mania or bipolar disorder, has there been 4 or more episodes of significant mood swings within the last 12 months?

Yes ☐ No ☐ N/A ☒

5. Is your patient currently detained or subject to a CTO?

Yes ☐ No ☒

- 5a. If yes, please provide details _____

6. Is your patient adequately engaged with treatment?

Yes ☒ No ☐ N/A ☐

7. Does your patient lack insight and/or judgement to a degree that would make driving dangerous?

Yes ☐ No ☒

8. Is your patient continuing to experience hallucinations/delusions likely to distract attention from driving?

Yes ☐ No ☒ N/A ☐

9. Is your patient's mental state or behaviour so unstable and/or so severe or unpredictable as to make driving dangerous?

Yes ☐ No ☒

M2EXAM

Patient's name: Mr Saleem Aziz

10. Are there any complications which have resulted from your patient's mental health condition that may **impact on driving**?

Yes ☐

No ☒

10a If yes, please give full details

The medical professional completing this form, please provide full details below:

Full name Dr WILLIAM ELIAS-JONES
Job title GP PARTNER
Surgery/dept name TOWNSEND HOUSE MEDICAL CENTRE
Full work address 49 HAREPATH ROAD, SEATON, DEVON, EX12 2RY
with postcode

Tel no [REDACTED] Email [REDACTED]
Signature [REDACTED] Date 20/09/2024
Regulatory body GMC Body number 6167122

Payment will not be made, unless a **fully completed** invoice is enclosed.

Release of the report to your patient

If you don't want us to share this report with your patient because it may cause serious harm to their physical or mental state, or a third party as preserved by Schedule 3 of the Data Protection Act 2018, please tick the box.

☐

Townsend House
49 Harepath Road
Seaton
Devon
EX12 2RY



Driver & Vehicle
Licensing
Agency

X1

NS76 Reply Form

Mr Saleem Aziz
Flat 21
Sunset House
Wessiters
SEATON
EX12 2PN

RE: Mr Aziz.
Case Reference: [REDACTED]
Letter Reference: NS76R
Date: 19 July 2024

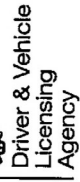
Please enter requested details below:

I am Prescribed Cannabis for Anxiety

DVLA USE ONLY

JWO

01 AUG 2024

 2^+ 

1000000

Case Reference:

Letter Reference: NS76R

Date: 18 September 2024

Copy of most recent prescription.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DVLA USE ONLY

11 OCT 2005

SALEM/ADZ

From: 301077

To: 29/08/2024.

[30 Days]

Saleem Aziz

Robert Schapira

Flower

THC 23

Vape 0.25 g, PRN⁺; til-
1 (ONE) x 10³ CFU G

Maximum Daily Dosage: 1g daily

[illegible]

Curaleaf 20 THC, <1 CBD Flower; - 100% Flower

Vape 0.25 g, PRN; Titr

1 (ONE) x 10g (TEN GRAMS) Contains

Maximum Daily Dosage: 1g daily

Pure Sunfarms, T21 21 THC, <1 C

THC 21% CBD <1%

Vape 0.25 g; PRN; 100 (ONE) x 100 (TEN) G

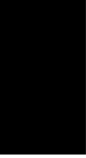
Maximum Daily Dosage: 1g daily



**Driver & Vehicle
Licensing
Agency**

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806
Website:
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Mr Saleem Aziz



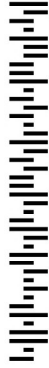
Our Reference:



40434

Date:

17 October 2024



Dear Mr Aziz,

From the information we have received you satisfy the medical standards for safe driving. I am pleased to tell you that you may keep your Group 1 (car/motorcycle) driving licence.

If you wish to discuss this matter with your GP you will need to take this letter to show him/her as your doctor may not have been informed of this decision.

If your condition gets worse or your doctor tells you not to drive, please let us know.

I must respectfully remind you that you could be committing a road traffic offence if you cannot safely control the vehicle that you drive at all times.

If you are prescribed medication which may make you drowsy or confused and affect your ability to drive safely, it is important that you do not drive, or attempt to drive, whilst experiencing these symptoms.

It is important that you keep your address up to date. The address that is shown on your most recently issued driving licence will be the address that is held on your driving record.

Further information on changing your address can be found at www.gov.uk/change-address-driving-licence

Further information on renewing your photocard can be found at www.gov.uk/renew-photo-driving-licence.

The Law Section 99 (1)(b) of the Road Traffic Act 1988, Rule 2.6(2) of the Act of Sederunt (Summary Application, Statutory Applications an Appeals etc Rules)1999, Section 100 of the Road Traffic Act 1988

Rev Apr 24

Yours sincerely,

Drivers Medical Group

16/10/2024	Recommendation Added - ODL : Retain
02/10/2024	Phone Call from - L/H advise he has only just received letter dated 19/09/2024 he will return asap.
03/09/2024	Phone Call from - L/h - Appt booked with GP for 20/09
23/02/2024	Phone call from licence holder and help given with forms
23/02/2024	Phone call from licence holder and help given with forms - added number to file ,