

CHECKED BY:

DATE:

Licence No.:

--	--	--	--	--	--

Other Licence No.:

--	--	--	--	--	--

Client No:

--	--	--	--	--	--



**Leeds**  
CITY COUNCIL

**Legal, Licensing & Registration**  
Taxi and Private Hire Licensing  
225 York Road  
Leeds, LS9 7RY  
Tel: 0113 2143366  
Fax: 0113 2143369  
taxiprivat hire.licensing@leeds.gov.uk

# MEDICAL EXAMINATION REPORT FORM

## INFORMATION NOTES

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act, 1976, to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

This form is to be completed by the applicant's own General Practitioner (GP) and is for the confidential use of the Licensing Authority

The form should be returned by the medical practitioner to the address detailed above

Any fee charged is payable by the applicant

- PLEASE USE THIS FORM TO RECORD MEDICAL EXAMINATION DETAILS
- PLEASE COMPLETE IN BLOCK CAPITAL LETTERS IN BLACK INK

**IF YOU HAVE ANY PROBLEMS COMPLETING THE FORM IN FULL PLEASE CONTACT THE LICENSING OFFICE FOR ASSISTANCE**

Licensing Officers are not permitted to complete or amend forms on behalf of applicants for legal reasons

The Taxi and Private Hire Licensing Section is committed to an accessible public transport system in which all members of society have the same opportunity to travel.

Taxis and Private Hire vehicles are a vital link in the transport chain and it is important that people who use them have confidence that drivers will accept them and transport them in safety and reasonable comfort, providing assistance as may be reasonably required.

### OPENING TIMES

**Monday – Thursday**      **08:00 – 15:30**  
**Friday**                      **08:00 – 15:00**  
**Saturday/ Sunday**        **CLOSED**

**2<sup>nd</sup> Tuesday in every month closed 08:00 – 09:30**  
**The Section is closed every day between 12:00 – 12:30**



## Medical Examination

1. Is the applicant registered at your practice?  
 Yes  No
2. Is the applicant, to the best of your judgement, subject to diabetes, epilepsy, vertigo or any mental ailment likely to affect his/ her efficiency as a Public/ Private Hire/ Contract driver?  
 Yes  No
3. Does the applicant suffer from any heart of lung disorder which might interfere with the efficient performance of his/ her duties as a Public/ Private Hire/ Contract driver?  
 Yes  No
4. Are the blood pressure readings – both Systolic and Diastolic – normal, having regard to his/ her age?  
 Yes  No
- 4a. If no, is it likely to affect his/ her competence as a Public/ Private Hire/ Contract driver?  
 Yes  No
5. Is there any defect of vision?<sup>1</sup>  
 Yes  No
- 5a. If yes, please provide details?

- 5b. Please give acuity of vision by Snellens Test with and without glasses and state whether:
- (i) the test was conducted with suitable glasses in the applicants own possession  
 Yes  No
- (ii) suitable glasses have been prescribed  
 Yes  No

		Right Eye		Left Eye
Unaided Vision	6 /	<input type="text"/>		6 / <input type="text"/>
Aided Vision	6 /	<input type="text"/>		6 / <input type="text"/>

- 5c. Do you consider that the applicant should wear glasses when driving?  
 Yes  No
6. Is there any defect of hearing?  
 Yes  No

<sup>1</sup> The standard acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid

6a. If yes, do you consider that it would interfere with the efficient performance of his/ her duties as a Public/ Private Hire/ Contract driver?

Yes  No

7. Has the applicant any deformity or loss of members?

Yes  No

7a. If yes, do you consider that it would interfere with the efficient performance of his/ her duties as a Public/ Private Hire/ Contract driver?

Yes  No

8. Is the applicant sufficiently active for the performance of his/ her duties?

Yes  No

9. Are you aware of any reason which may prevent the applicant from carrying out any of the responsibilities required of a Public/ Private Hire/ Contract driver? (This would include helping passengers with their luggage and assisting passengers with disabilities etc.)

Yes  No

9a. If Yes, please give full details;

10. Does the applicant have a medical condition which is aggravated by exposure to dogs?

Yes  No

If Yes, medical information is required to support an exemption from the duty to carry assistance dogs.

11. Does the applicant have a medical condition would make it difficult for you to carry passengers in wheelchairs?

Yes  No

If Yes, medical information is required to support an exemption from the duty to carry passengers in wheelchairs.

12. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?

Yes  No

12a If yes, please provide details?

13. Is there any abnormality present that is not included in the above questions? (please state)<sup>2</sup>  
(Continue on a separate sheet if necessary)

14. Do you consider further examination necessary within

Years

Yes  No

### General Practitioner Declaration

I certify that I have today examined..... the applicant and I consider him/  
her

Fit  Unfit

to act as a Public/ Private Hire/ Contract driver in the city of Leeds. I declare that the answers to all questions are true to the best of my knowledge and belief.

Name and Signature:

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GP/ Practice Stamp:

PLEASE NOTE: It is an offence for the person completing this form to make a false statement or omit relevant details.

<sup>2</sup> Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities

## For Office Use Only

The details in this box are to be completed by authorised staff only.

Badge Number: 

--	--	--	--	--	--	--	--	--	--

Date Report Received:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and Signature:

--

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--