

## Medical Report on an applicant for a Hackney Carriage and Private Hire Driver's Licence

### NOTES:

The questions in Part A must be completed by the applicant, you must then arrange for Part B to be completed by a Medical Practitioner of choice, and pay any consequential fee for this service.

### The completed form should then be returned to the Licensing Section,

Please note that a licensed Hackney Carriage / Private Hire Driver must arrange for a medical report to be **completed within three years** of the completion of the last report (annually having attained the age of 65 years). **Before proceeding with this medical report, applicants are advised to observe the guidelines below:**

#### **GUIDELINES ON THE MEDICAL HISTORY OF APPLICANTS FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVER'S LICENCES**

It is unlikely that a recommendation to issue a licence will be authorised to applicants with a medical history of the following:

*Heart pain (angina), heart attack (ischaemic episode), or irregularity, unless supported by a Specialist's report.\**

*Uncontrolled and markedly raised blood pressure (hypertension).*

*Debility from a stroke, from other diseases or injuries affecting the brain, or from a chronic neurological disorder.*

*Seizures (epilepsy, narcolepsy, or cataplexy), or sudden onset of dizziness / loss of consciousness.*

*Diabetics requiring insulin injections, or who suffer complications from their diabetes, or from the treatment thereof.*

*Severe mental conditions, unless controlled without side effects by medication and supported by a Specialist's report.*

*Dependency upon, or persistent misuse of alcohol, or of drugs (prescribed or illicit).*

*Only one good eye (monocular vision), or double vision (insuperable diplopia).*

*Severe and disabling arthritis, or other serious loss of limb function.*

*Profound deafness.*

\*Applicants with the following medical conditions will only be considered following satisfactory exercise testing to Bruce protocol stage 3 or greater **at each renewal**. Please consult your GP for this to be carried out:

*Heart pain (angina).*

*Heart attack (ischaemic episode).*

*Heart surgery.*

It is strongly recommended that applicants ensure that their optician confirms that their visions meet Group 2 Licence requirements **prior to** attending the Medical Practitioner who is to complete part B of this form, in order to avoid the cost of failed examinations.

Whether or not the applicant is certified on this form as meeting Group 2 Licence requirements, they shall, if requested by the Council, undergo a medical examination by a Medical Practitioner to be selected by the Council.



## PART B

## MEDICAL REPORT ON:.....

## To be completed by a Medical Practitioner

1.	Cardiovascular	Yes	No	Notes
(a)	Is there any history of myocardial infarction, any acute coronary syndrome, any persisting anginal pain, or any current need of treatment for anginal pain?	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	Is there any clinical or other evidence of ischaemic heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	Is there a history of any cardiac arrhythmia?	<input type="checkbox"/>	<input type="checkbox"/>	
(d)	Is the resting blood pressure consistently 180 mm Hg systolic or more, and/or 100 mm Hg diastolic or more?	<input type="checkbox"/>	<input type="checkbox"/>	
(e)	Only complete this section if hypertension is treated by medication: Does treatment cause any side effects which may interfere with driving?	<input type="checkbox"/>	<input type="checkbox"/>	
(f)	Is any form of cardiac pacemaker / defibrillator fitted?	<input type="checkbox"/>	<input type="checkbox"/>	
(g)	Is there a history or clinical evidence of peripheral vascular disease, or of aneurysm of any artery?	<input type="checkbox"/>	<input type="checkbox"/>	
(h)	Is there a history of any invasive procedure or any form of surgery to the heart, or to the arterial tree?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<b>Endocrine System</b> Is the applicant a diabetic treated by insulin injection, or who suffers from complications from their diabetes or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<b>Seizures</b> Has the applicant suffered any form of seizure (epilepsy, narcolepsy, or cataplexy)?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<b>Nervous System</b>			
(a)	Is there any progressive disorder of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	Is there a history of any transient ischaemic attack, cerebrovascular accident, or sudden onset of dizziness / loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	
(c)	Is there a history of a severe head injury or major craniotomy?	<input type="checkbox"/>	<input type="checkbox"/>	
(d)	Is there any hearing defect to the extent of preventing communication by telephone?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<b>Psychiatric Illness</b>			
(a)	Is there any past history of psychosis, hypomania / mania, or of schizophrenia?	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	Is there any past history of dependancy upon, or persistent misuse of alcohol, or of drugs (prescribed or illicit)?	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL REPORT ON:.....

	Yes	No	Notes
(c) Has the applicant suffered from any other mental disorder requiring psychotropic medication during the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Vision</b>			
If you do not have the equipment to carry out these checks, please refer the applicant to an ophthalmic specialist or optician:	<input type="checkbox"/>		
(a) (i) Does the applicant fail to meet a standard of 3/60 (Snellen) without correction in both eyes separately?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Is the visual acuity, using corrective lenses if necessary, less than 6/12 in worse eye, and 6/9 in the better eye?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Has the patient monocular vision?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Is there insuperable diplopia or a pathological field defect?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Musculoskeletal System</b>			
Has the applicant any deformity, loss of members, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his or her duties as a vocational driver? If "yes", please specify.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Other Conditions</b>			
Does the applicant suffer from any disease not mentioned above, which is likely to interfere with the sufficient discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public? If "yes", please specify.	<input type="checkbox"/>	<input type="checkbox"/>	

If any of the above answers are in the affirmative, please refer to the Guide to the current Medical Standards of Fitness to Drive issued by the Drivers Medical Group at the DVLA before verifying that:

\*The applicant **meets** Group 2 medical standards.

\*and can be verified for the full three year period.

\*and can only be verified until:.....

\*due to:.....

\*The applicant **does not meet** Group 2 standards.

\*Please delete as appropriate

Doctors Stamp here please

Signed .....  
Medical Practitioner

Date.....

