

Medical report on an application for a hackney carriage and private hire vehicle driver's licence

In the case of an application with unspent convictions, it would be advisable to delay going to the expense of a medical examination until the applicant has been approved in principle by the council.

All medical forms will be sent to the licensing authority's medical advisor to independently determine if the applicant is medically fit to drive a hackney carriage or private hire vehicle.

Notes for applicant

1. There are higher medical standards in place for the driving of a hackney carriage and private hire vehicle. These can be viewed at <https://www.gov.uk/guidance/general-information-assessing-fitness-to-drive>
2. This medical report cannot be issued free of charge as part of the National Health Service. The applicant must pay the medical examiner's fee unless other arrangements have been made. The Licensing Authority accepts no liability to pay it.
3. The Medical Advisors role is to act as an independent to determine fitness to drive based on the information provided. It is not the responsibility of the Medical Advisor to obtain any further relevant medical evidence. This is the responsibility of the completing Doctor and at the cost of the applicant. If the form is incomplete it will be returned to the applicant and the application will be delayed.

Information about applicant (Please complete in block capitals)

Surname:		First Names:	
Date of Birth:		Age:	
Address:			
Email Address:			
Postcode:		Tel Number:	
Is this a new application? (Please tick the appropriate box)			<input type="checkbox"/>
Is this a renewal? (Please tick the appropriate box)			<input type="checkbox"/>

GP and Practice Details with which you have been registered for the last 12 months

Name of GP:		GMC Number	
Practice Address:			
Post Code:			
Email Address:			
Telephone Number:			
GP Signature:	_____		

I hereby consent to the Medical Advisor to the Licensing Authority receiving reports from my doctors and specialist about my medical conditions if any matter affecting my fitness to drive arises: -

1. In connection with my application for a Hackney Carriage and Private Hire Vehicle Driver's Licence
2. During the period that a licence (if granted) is in force.

Signature of applicant: _____

Please sign in the presence of the medical practitioner who signs the report in Section 8

Medical examination (to be completed by the doctor)

Notes for the completing doctor

1. Please complete sections 1 – 8 of this report. The completed and signed form should then be given to the applicant who will forward this to the Medical Advisor of the Licensing Authority.
2. The medical fitness standard adopted by the Licensing Authority reflects the fitness standard for Group 2 DVLA drivers. This is a higher standard than required by ordinary car drivers. Guidance as to the required standard can be obtained on the DVLA website at <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
3. The Medical Advisor to the Licensing Authority is an accredited specialist in occupational medicine. If necessary he/she can be contacted through the Health@Work Department, Wye Valley NHS Trust on (01432) 364013
4. Please provide as much detail as possible with relevant questions. In addition where specific relevant medical investigations have taken place (e.g. exercise cardiac testing, echocardiography, EEG) or where relevant specialist reports (e.g. outpatient or discharge reports) are available then copies of these should accompany the application form. **Such clinical information should be placed in a sealed envelope and marked 'Medical in Confidence – OH Physician.** Failure to do so may delay the application process.
5. The Medical Advisors role is to act as an independent to determine fitness to drive based on the information provided. It is not the responsibility of the Medical Advisor to obtain any further relevant medical evidence. This is the responsibility of the completing Doctor and at the cost of the applicant. If the form is incomplete it will be returned to the applicant and the application will be delayed.

SECTION 1	VISION – Answer all questions	Yes	No																								
1.	Is the visual acuity as measured by the Snellen chart AT LEAST 6/7.5 in the better eye and AT LEAST 6/60 in the other eye? (Corrective lenses may be worn to meet the standard)																										
2.	Do corrective lenses have to be worn to achieve this standard?																										
3.	Is there a defect in his/her binocular field of vision? (central and / or peripheral)																										
4.	Is there diplopia?																										
4a.	(if YES is it uncontrolled? please provide full details in SECTION 7																										
5.	If glasses (not contact lenses) are worn for driving is the corrective power greater than (+)8 dioptries in any meridian of either lens? If you are unable to complete this you must tell the applicant to have this part of the assessment completed by an optician/optometrist or provide a copy of their prescription.																										
6.	If there is NO perception of light in one eye, on what date did the applicant become monocular or lose the sight in one eye?																										
	Date:																										
7.	Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?																										
8.	Does the applicant have any other ophthalmic condition?																										
If Yes to any of the questions please give full details in section 7 or attach details with the form.																											
Please state all the visual acuities for the applicant below using a 6 metre chart or decimal equivalent. Snellen readings with a plus (+) or (-) are not acceptable.																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="width: 50%;">UNCORRECTED</th> <th colspan="4" style="width: 50%;">CORRECTED (using prescription worn for driving)</th> </tr> <tr> <th style="width: 12.5%;">Right</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%;">Left</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%;">Right</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%;">Left</th> <th style="width: 12.5%;"></th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				UNCORRECTED				CORRECTED (using prescription worn for driving)				Right		Left		Right		Left									
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Right		Left		Right		Left																					

SECTION 2		NEUROLOGICAL DISORDERS		Yes	No
1.	Is there a history of, or evidence of any neurological disorder? If No go to section 3 If Yes please answer all of the questions below, give full details in section 7 and enclose relevant Specialist / Consultant reports.				
2.	Has the applicant had any form of seizure?				
2a.	Please give dates of first and last attack	First Attack	Date:		
		Last Attack	Date:		
2b.	Is the applicant currently on any anti-epileptic medication? If Yes please give full details in section 7				
2c.	If no longer treated please give date when treatment ended		Date:		
2d.	Has the applicant had a brain scan? If Yes please give full details in section 7 and enclose relevant Specialist or Consultant reports.				
2e.	Has the applicant had an EEG? If Yes please give full details in section 7 and enclose relevant Specialist or Consultant reports.				
3.	Is there a history of stroke or TIA? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
3a.	Has there been a full recovery?				
3b.	Has a carotid ultra sound been undertaken? If Yes please enclose results.				
4.	Is there a history of sudden disabling dizziness / vertigo within the last year with a liability to recur? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
5.	Is there a history of subarachnoid haemorrhage? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
6.	Is there a history of serious traumatic brain injury within the last 10 years If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
7.	Is there any form of brain tumour? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
8.	Is there a history of any other brain surgery or abnormality? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
9.	Is there a history of chronic neurological disorders? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
10.	Is there a history of Parkinson's disease? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
11.	Is there a history of blackouts or impaired consciousness within the past 5 years? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				
12.	Does the applicant suffer from narcolepsy? If Yes, please give details in SECTION 7 and enclose relevant Specialist or Consultant reports.				

SECTION 3		DIABETES MELLITUS		Yes	No
1.	Does the applicant have diabetes mellitus? If No go to section 4 If Yes please answer all of the questions below, give full details in section 7 and enclose relevant Specialist / Consultant reports.				
	Is the diabetes managed by: -				
1a	Insulin? If Yes please provide date started on insulin	Date:			
	If treated with insulin, are there at least 3 continuous months of blood glucose readings stored on memory meter(s)?				
1b	Other injectable treatments?				
1c	A Sulphonylurea or a Glinide?				
1d	Oral hypoglycaemic agents and diet?				
1e	Diet only?				
2.	Does the applicant test blood glucose at least twice every day?				
2a	Does the applicant test blood glucose at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)?				
2b	Does the applicant keep fast acting carbohydrate within easy reach when driving?				
2c	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?				
3.	Is there any evidence of impaired awareness of hypoglycaemia?				
4.	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?				
5.	Is there evidence of: -				
5a	Loss of visual field?				
5b	Severe peripheral neuropathy sufficient to impair limb function for safe driving?				
6.	Has there been laser treatment for intra-vitreous treatment for retinopathy? If Yes please give date	Date:			

SECTION 4		PSYCHIATRIC ILLNESS		Yes	No
1.	Is there a history of, or evidence of, psychiatric illness, drug / alcohol misuse within the last 3 years ? If no go to section 5 If Yes please answer all of the questions below, give full details in section 7 and enclose relevant Specialist / Consultant reports.				
2.	Significant psychiatric disorder within the last 6 months?				
3.	Psychosis or hypomania / mania within the last 12 months, including psychotic depression?				
4.	Dementia or cognitive impairment?				
5.	Persistent alcohol misuse in the past 12 months?				
6.	Alcohol dependence in the past 3 years?				
7.	Persistent drug misuse in the past 12 months?				
8.	Drug dependence in the past 3 years?				

SECTION 5		CARDIAC				
5A - CORONARY ARTERY DISEASE				Yes	No	
1.	Is there a history of or evidence of coronary artery disease – If no go to section 5B If Yes please answer all of the questions below, give full details in section 7 and enclose relevant Specialist / Consultant reports.					
2.	Has the applicant suffered from angina?					
	If yes, please give the date of the last known attack	Date				
3.	Acute coronary syndrome including myocardial infarction?					
	If yes, please give the date	Date:				
4.	Coronary Angioplasty (P.C.I.)?					
	If YES please give date(s)	Date				
5.	Coronary artery by-pass graft surgery?					
		Date				
5B - CARDIAC ARRHYTHMIA				Yes	No	
1.	Is there a history or evidence of cardiac arrhythmia? - If no go to section 5C If Yes please answer all of the questions below, give full details in section 7 and enclose relevant Specialist / Consultant reports.					
2.	Has there been a significant disturbance of cardiac rhythm? i.e. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter / fibrillation, narrow or broad complex tachycardia in the last 5 years?					
3.	Has the arrhythmia been controlled satisfactorily for at least 3 months?					
4.	Has an ICD or biventricular pacemaker (CRT-D type) been implanted?					
5.	Has a pacemaker been implanted?					
5a.	If yes please give date of implantation	Date:				
5b.	Is the applicant free of the symptoms that caused the device to be fitted?					
5c.	Does the applicant attend a pacemaker clinic regularly?					
5C - PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM DISSECTION				Yes	No	
1.	Is there a history of, or evidence of peripheral arterial disease (excluding Buerger's disease) aortic aneurysm / dissection? If no go to section 5D If Yes please answer all of the questions below, give full details in section 7 and enclose relevant Specialist / Consultant reports.					
2.	Peripheral arterial disease(excluding Buerger's disease)					
3.	Does the applicant have claudication?					
3a.	If yes how long in minutes can the applicant walk at a brisk pace before being symptom-limited? Length of time in minutes:					
4.	Aortic aneurysm?					
4a.	Site of aneurysm: Thoracic <input type="checkbox"/> Abdominal <input type="checkbox"/>					

5C - PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM DISSECTION - Continued		Yes	No			
4b.	Has it been repaired successfully?					
4c.	Is the transverse diameter currently greater than 5.5cm?					
	If No please provide the latest measurement and date obtained:					
5.	Dissection of the aorta successfully repaired? If yes please provide copies of reports to include those dealing with any surgical treatment.					
6.	Is there a history of Marfan's Disease? If yes provide relevant hospital notes:					
5D - VALVULAR / CONGENITAL HEART DISEASE		Yes	No			
1.	Is there a history of, or evidence of valvular/ congenital heart disease? If no got to section 5E If Yes please answer all of the questions below, give full details in section 7 and enclose relevant hospital notes.					
2.	Is there a history of congenital heart disease?					
3.	Is there a history of heart or valve disease?					
4.	Is there a history of aortic stenosis?					
5.	Is there a history of embolism? (not pulmonary embolism)					
6.	Does the applicant currently have significant symptoms?					
7.	Has there been any progression since the last licence application? (if relevant)					
5E – CARDIAC OTHER		Yes	No			
1.	Is there a history of, or evidence of heart failure? If no got to section 5F If Yes please answer all of the questions below, give full details in section 7 and enclose relevant hospital notes.					
2.	Established cardiomyopathy?					
3.	Has a left ventricular assist device (LVAD) been implanted?					
4.	A heart or heart/lung transplant?					
5.	Untreated atrial myxoma?					
5F - BLOOD PRESSURE		Yes	No			
If resting blood pressure is 180mm/Hg systolic or more and/or 100mm Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings below						
Today's best resting blood pressure reading : <input style="width: 150px; height: 20px;" type="text"/>						
Is the applicant on anti-hypertensive treatment? If yes please provide 3 previous readings and dates if available						
<input style="width: 150px; height: 20px;" type="text"/>	D	D	M	M	Y	Y
<input style="width: 150px; height: 20px;" type="text"/>	D	D	M	M	Y	Y
<input style="width: 150px; height: 20px;" type="text"/>	D	D	M	M	Y	Y

5G - CARDIAC INVESTIGATIONS		Yes	No
1.	Have any cardiac investigations been undertaken or planned? If no go to section 6 If Yes please answer all of the questions below, give full details in section 7 and enclose relevant hospital notes.		
2.	Has a resting ECG been undertaken? If yes does it show		
2a	Pathological Q waves? Please provide copy of the relevant ECG or comment in section 7		
2b	Left bundle branch block? Please provide copy of the relevant ECG or comment in section 7		
2c	Right bundle branch block? Please provide copy of the relevant ECG or comment in section 7		
3.	Has an exercise ECG been undertaken or planned? If yes please give date and details in section 7		
4.	Has an echocardiogram been undertaken or planned? If yes please give date and details in section 7		
5.	Has a coronary angiogram been undertaken or planned? If yes please give date and details in section 7		
6.	Has a 24 hour ECG tape been undertaken or planned? If yes please give date and details in section 7		
7.	Has a myocardial perfusion scan or stress echo study been undertaken or planned? If yes please give date and details in section 7		

SECTION 6	GENERAL – Answer all Questions	Yes	No
	All questions must be answered. If yes to any give full details in section 7 and enclose relevant hospital notes.		
1.	Is there a history of, or evidence of obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness? If yes give diagnosis :-		
1a.	If obstructive Sleep Apnoea Syndrome, please indicate the severity		
	Mild (AHI <15)		
	Moderate (AHI 15 - 29)		
	Severe (AHI > 29)		
	Not Known		
	If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI.		
1b.	Please answer questions i-vi for all sleep conditions		
i	Date of diagnosis: <input type="text" value="DDMMYY"/>		
ii	Is it controlled successfully?		
iii	If yes, please state treatment		
iv	Is the applicant compliant with treatment?		
v	Please state period of control:-		
vi	Date of last review <input type="text" value="DDMMYY"/>		
2.	Is there currently any functional impairment that is likely to affect control of the vehicle?		
3.	Is there a history of bronchogenic carcinoma or other malignant tumour with significant liability to metastasise cerebrally?		

SECTION 7		NOTES
Section & Question number	Please refer to note 4 on page 2 under 'Notes for the completing Doctor' and continue on a separate sheet if necessary.	

SECTION 8		COMPLETING MEDICAL PRACTITIONER'S DECLARATION	
Please ensure all sections of the form have been completed. This form will be returned to you if you do not do this and may delay the application.			
I confirm that the report was completed by me at examination. I also confirm that I am currently GMC registered and licensed to practice in the UK. I confirm that adequate medical information has been provided (including results of investigations and specialist medical reports) for health issues that may affect fitness to drive in accordance with DVLA Group 2 standards.			
Name:		GMC Number:	
Signature:			
Date:			
Address:			
Postcode:		Telephone Number:	
Surgery Stamp			

Herefordshire Council

Local government (miscellaneous provisions) act 1976

Medical report on an application for a hackney carriage and private hire vehicle driver's licence

Fitness to drive a hackney carriage / private hire vehicle

SECTION 9	Fitness to drive opinion (internal use only to be completed by the licensing authority's medical advisor)		
In my opinion the following applicant:			
Name:			
Date of Birth:			
(Please tick appropriate box)			
Is considered medically fit to drive a hackney carriage / private hire vehicle			
Is not considered medically fit to drive a hackney carriage / private hire vehicle			
Further medical evidence needs to be provided and the application is delayed (This is the responsibility of the completing Doctor and at the cost of the applicant)			
Comments and Actions:			
Review Date :			
Medical advisor to the licensing authority details			
Name:		GMC Number	
Signature:			
Date:			
Address:			
postcode:		Telephone Number	
Stamp:			