



MEDICAL IN CONFIDENCE

MEDICAL REPORT

Medical Report on an Applicant for a
Hackney Carriage or Private Hire Vehicle Driver's Licence

If you are applying for a Hackney Carriage or Private Hire Vehicle Driver's Licence this form, completed by your own GP, must accompany your application, whether for the initial grant, or renewal, of the licence.

- | | |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | WHAT YOU HAVE TO DO |
| 1 | <p><u>Before</u> consulting your Doctor please read the notes overleaf at Section C, paragraphs 1, 2 and 3. ("Medical standards for drivers of Hackney Carriages and Private Hire Vehicles"). If you have any of these conditions you will <u>NOT</u> be granted the licence applied for</p> |
| 2 | <p>If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor/Optician BEFORE you arrange for this medical form to be completed. The Doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is NOT refundable. Charnwood Borough Council has NO responsibility for the fee payable to the Doctor.</p> |
| 3 | <p>Fill in Section 9 <u>AND</u> Section 10 on page 11 of this report in the presence of the Doctor carrying out the examination.</p> |
| 4 | <p>This report must be received before a Licence will be issued for both first time applications and renewal applications. Failure to submit this form will invalidate the application, and will lead to the licence applied for not being granted or renewed.</p> |

B WHAT THE DOCTOR HAS TO DO

1 Please complete sections 1-8 of this report. You may find it helpful to consult the DVLA's "At a Glance" and the Medical Commission on Accident Prevention booklet - "Medical Aspects of Fitness to Drive".

2 Applicants who may be symptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence, they must inform the Drivers Medical Group, D7, DVLA, Swansea, SA99 1TU - immediately.

3 PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE SECTIONS.

IF THIS REPORT DOES NOT BRING OUT IMPORTANT CLINICAL DETAILS WITH RESPECT TO DRIVING, PLEASE GIVE DETAILS IN SECTION 7

C MEDICAL STANDARDS FOR DRIVERS OF HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLES

The following conditions are a bar to the holding of any of these entitlements.

1 EPILEPSY ATTACKS

Applicants must NOT "have a liability to epileptic seizures". (This means that applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti epileptic medication during this ten year period). With such a liability Charnwood Borough Council must refuse or revoke the licence.

2 DIABETES

Insulin treated diabetics may NOT obtain a licence unless the applicant satisfies the criteria relating to insulin dependant diabetes on page 6 of this document.

3 EYESIGHT

All applicants must be able to read in good daylight a number plate at 20.5 metres (67 feet), and, if glasses or corrective lenses are required to do so, these must be worn while driving. In addition:

(i) Applicants for hackney carriage or private hire vehicle driving licences must have

- * a visual acuity of at least 6/9 in the better eye; and
- * a visual acuity of at least 6/12 in the worse eye; and
- * if these are achieved by correction the uncorrected visual acuity in each eye must be no less than 3/60.

An applicant who has held a Hackney Carriage or Private Hire Vehicle Driving Licence before 1 March 1992 but who does not meet the standard in (i) above may still qualify for a licence.

(ii) Applicants are also barred from holding a hackney carriage or private hire vehicle driving licence if they have:

- * Uncontrolled diplopia (double vision)
- * Or do not have a normal binocular field of vision

An applicant (or existing licence holder) failing to meet the epilepsy, diabetes or eyesight regulations must be refused by law.

4 OTHER MEDICAL CONDITIONS

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:-

- * Within 3 months of myocardial infarction, any episode of unstable angina, CABG or, coronary angioplasty
- * A significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
- * Suffering from or receiving medication for angina or heart failure
- * Hypertension where the BP is persistently 180 systolic or over or 100 diastolic or, over
- * A stroke, TIA or unexplained loss of consciousness within the past 5 years
- * Meniere's and other conditions causing disabling vertigo, within the past year.
- * Recent severe head injury with serious continuing after effects, or major brain surgery
- * Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders

likely to affect limb power and co-ordination

- * Suffering from a psychotic illness in the past 3 years, or suffering from dementia
- * Alcohol dependency or misuse, or continuing drug or substance misuse or dependency in the past 3 years
- * Insuperable difficulty in communicating by telephone in an emergency
- * Any other serious medical condition, which may cause problems for road safety

when driving a hackney carriage or private hire vehicle.

MEDICAL EXAMINATION REPORT
TO BE COMPLETED BY THE DOCTOR (please use black ink)

Please answer all questions

Please give patient's weight (kg/st) and Height (ft/cms)

Please give details of smoking habits, if any

Please give number of alcohol units taken each week.....

SECTION I	Vision (Please see EYESIGHT NOTES 3i to 3ii on page 2)		
1	Is the visual acuity as measured by the Snellen chart AT LEAST 6/9 in the better eye and AT LEAST 6/12 in the other? (corrective lenses may be worn).		YES/NO
2	Do corrective lenses have to be worn to achieve this standard? YES/NO		YES/NO
	(a) If YES, is the UNCORRECTED acuity AT LEAST 3/60 in the RIGHT eye?		YES/NO
	(b) Is the UNCORRECTED acuity AT LEAST 3/60 in the LEFT eye? (3/60 being the ability to read the 60 line of the Snellen chart at 3 metres)		YES/NO
	(c) Is the correction well tolerated?		YES/NO
3	Please state the visual acuities of each eye in terms of the 6m Snellen chart:		
	UNCORRECTED	CORRECTED (If applicable)	
	Right	Left	Right Left
4	Is there a full binocular field of vision? (central and/or peripheral) If NO, and there is a visual field defect please give details in SECTION 7 and enclose a copy of recent field charts, if possible.		YES/NO
5	Is there uncontrolled diplopia?		YES/NO
6	Does the applicant have any other ophthalmic condition?		YES/NO
	If Yes to 4, 5 or 6, please give details in Section 7 and include any relevant documents		
APPLICANT'S NAME DoB			

SECTION 2 Nervous System		
1	Has the applicant had major or minor epileptic seizures?	YES/NO
	(a) If YES, please give date of last seizure	
	(b) If treated, please give date when treatment ceased	
2	Is there a history of blackout or impaired consciousness within the last 5 years?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
3	Is there a history of stroke or TIA within the past 5 years?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
4	Is there a history of sudden disabling dizziness/vertigo within the last 1 year?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
5	Does the patient have a pathological sleep disorder?	YES/NO
	(a) If YES, has it been controlled successfully?	YES/NO
6	Is there a history of chronic and/or progressive neurological disorder?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
7	Is there a history of brain surgery?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
8	Is there a history of serious head injury?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
9	Is there a history of brain tumour, either benign or malignant, primary or secondary?	YES/NO
	(a) If YES, please give date(s) and details in SECTION 7	
APPLICANT'S NAME		DoB

SECTION 3 Diabetes Mellitus

- | | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Does the applicant have diabetes mellitus?
If YES, please answer the following questions
If NO, proceed to SECTION 4 | YES/NO |
| 2 | Is the diabetes managed by:

(a) Insulin?
(b) If YES, date started on insulin
(c) Oral hypoglycaemic agents and diet?
(d) Diet only? | YES/NO

YES/NO
YES/NO |
| 3 | Is the diabetic control generally satisfactory? | YES/NO |
| 4 | Is there evidence of:
(a) Loss of visual field?
(b) Has there been bilateral laser treatment?
(if YES, please give date
(c) Severe peripheral neuropathy?
(d) Significant impairment of limb function or joint
position sense?
(e) Significant episodes of hypoglycaemia?
(f) Complete loss of warning symptoms of hypoglycaemia? | YES/NO
YES/NO
YES/NO
YES/NO
YES/NO
YES/NO |

NOTES

If the applicant has been found to have failed to reach the medical standard only because of being a diabetic on insulin, the driver should be deemed to have reached the medical standard provided that he/she provides a medical report from a hospital consultant specialising in diabetes, who confirms the following:-

- 1 The applicant has been undergoing insulin treatment for over 4 weeks;
- 2 The applicant has not suffered a hypoglycaemic episode, requiring assistance whilst driving, within the preceding 12 months, prior to the date of the licence application;
- 3 The applicant has a history of responsible diabetic control, and is at minimal risk of a hypoglycaemic attack, resulting in incapacity;

And the applicant must also submit a signed declaration that:-

- 1 He/she will comply with the directions given to him/her by the doctor supervising the treatment;
- 2 Immediately report to the licensing authority, in writing, any significant change in their diabetic condition;
- 3 Provide to the licensing authority, as and when necessary, evidence that blood glucose monitoring is being undertaken at least twice daily, and at times relevant to driving a hackney or private hire vehicle, during employment.

Signed by the Medical Examiner **Date.....**

APPLICANTS NAME..... Dob.....

SECTION 4 Psychiatric Illnesses

- 5 Has the applicant suffered from or required treatment for a psychosis in the past 3 years? YES/NO
- 6 Has the applicant required treatment for any other psychiatric disorder within the past 6 months? YES/NO
- 7 Is there confirmed evidence of dementia? YES/NO
- 8 Is there a history of alcohol misuse or alcohol dependency in the past 3 years? YES/NO
- 9 Is there a history of continuing drug or substance misuse or dependency in the past 3 years? YES/NO

If YES to any question in this section, please give details in SECTION 7

SECTION 5 General

- 1 Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle? YES/NO
(a) If YES, please give details in SECTION 7
- 2 Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? YES/NO
(a) If YES, please give dates and diagnosis and state whether there is current evidence of dissemination
.....
.....
- 3 Is the applicant profoundly deaf? YES/NO
(a) If YES, could this be overcome by any means to allow a telephone to be used in an emergency? YES/NO

APPLICANT'S NAME DoB

SECTION 6 Cardiac

A Coronary Artery Disease

Is there a history of:

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------|--------|
| 1 | Myocardial Infarction?
(a) If YES, please give date(s) | YES/NO |
| 2 | Coronary artery by pass graft?
(a) If YES, please give date(s) | YES/NO |
| 3 | Coronary Angioplasty?
(a) If YES, please give date(s) | YES/NO |
| 4 | Any other Coronary artery procedure?
If YES, please give details in SECTION 7 | YES/NO |
| 5 | Has the applicant suffered from Angina? | YES/NO |
| 6 | Is the applicant <u>still</u> suffering from Angina or only remains
angina free by the use of medication? | YES/NO |
| 7 | Has the applicant suffered from Heart Failure? | YES/NO |
| 8 | Is the applicant <u>STILL</u> suffering from Heart Failure or only
remains controlled by the use of medication? | YES/NO |
| 9 | Has a resting ECG been undertaken?
If NO, proceed to question 12
(a) If YES, please give date | YES/NO |
| 10 | Does it show pathological Q waves? | YES/NO |
| 11 | Does it show Left Bundle branch block? | YES/NO |
| 12 | Has an exercise ECG been undertaken (or planned)?
(a) If YES, please give date | YES/NO |
| 13 | Has an angiogram been undertaken (or planned)?
(a) If YES, please give date | YES/NO |
| | and give details in SECTION 7 | |

APPLICANT'S NAME DoB

B	Cardiac Arrhythmia	
1	Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years? If YES, please give details in SECTION 7 If NO, proceed to SECTION C	YES/NO
2	Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years?	YES/NO
3	Has Echocardiography been undertaken? If YES, please give details in SECTION 7	YES/NO
4	Has an exercise test been undertaken? If YES, please give details in SECTION 7	YES/NO
5	Has a <u>cardiac defibrillator</u> been implanted or anti-ventricular tachycardia device been fitted?	YES/NO
6	Has a PACEMAKER been implanted? If NO, proceed to SECTION C	YES/NO
7	If YES, was it implanted to prevent Bradycardia?	YES/NO
8	Is the applicant now free of sudden and/or disabling symptoms?	YES/NO
9	Does the applicant attend a pacemaker clinic regularly?	YES/NO
C	Other Vascular Disorders	
1	Is there a history of Aortic aneurysm with a transverse diameter of 5cms or more? (Thoracic or abdominal) If NO, proceed to SECTION D (a) If YES, has the aneurysm been successfully repaired?	YES/NO YES/NO
2	Is there symptomatic peripheral arterial disease?	YES/NO
3	Has there been dissection of the Aorta?	YES/NO
APPLICANT'S NAME DoB		

D	Blood Pressure	
1	Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic? If NO, proceed to SECTION E (a) If YES, please supply most recent readings with dates	YES/NO
	
2	If treated does the medication cause any side effects likely to affect safe driving?	YES/NO
E	Valvular Heart Disease	
1	Is there a history of valvular heart disease (with or without surgery)? If NO, proceed to SECTION F	YES/NO
2	Is there any history of embolism?	YES/NO
3	Is there any history of arrhythmia - intermittent or persistent?	YES/NO
4	Is there persistent dilatation or hypertrophy of either ventricle? If YES, please give details in SECTION 7	YES/NO
F	Cardiomyopathy	
1	Is there established cardiomyopathy?	YES/NO
2	Has there been heart or heart/lung transplant? If YES, please give details in SECTION 7	YES/NO
G	Congenital Heart Disorders	
1	Is there a congenital heart disorder? If YES, please give details in SECTION 7	YES/NO
2	If YES, is it <u>currently</u> regarded as minor?	YES/NO
3	Is the patient in the care of a Specialist Clinic? If YES, please give details in SECTION 7	YES/NO

APPLICANT'S NAME DoB

SECTION 7

You may wish to forward copies of hospital notes separately if you need to provide extra information.

APPLICANT'S NAME DoB

MEDICAL PRACTITIONER DETAILS

to be completed by Doctor carrying out the examination

Please ensure that the Doctor crosses out the appropriate words where underlined

SECTION 8

Name

Surgery Stamp

Address

.....

I have examined the applicant whose details appear on this form, and I am satisfied that he/she is fit/not fit* to act as a Hackney Carriage or Private Hire Driver

*** delete as appropriate**

Signature of Medical Practitioner

Date

APPLICANT'S DETAILS

to be completed in the presence of the
Medical Practitioner carrying out the examination

**PLEASE MAKE SURE THAT YOU HAVE PRINTED YOUR NAME AND
DATE OF BIRTH ON EACH PAGE BEFORE SENDING THIS
FORM WITH YOUR APPLICATION**

SECTION 9

Name Date of Birth
Address Home Tel No
..... Work/Daytime No
.....

About your GP/Group Practice

About your Consultant/Specialist
(if applicable)

GP/Group Name Consultants name
Address Address
.....
.....
Tel No Tel No

Date when first licensed to drive a Hackney Carriage or Private Hire Vehicle
.....

SECTION 10

Consent and Declaration

This section MUST be completed and must NOT be altered in any way.

Please sign statements below

I authorise my Doctor(s) and Specialist(s) to release reports to the Charnwood Borough Council about my medical condition.

I authorise the Charnwood Borough Council and their representatives to divulge relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiry into my fitness to drive.

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

Signature Date