

Medical in Confidence

**Medical Report on an Application for a Hackney Carriage/
Private Hire Driver's Licence**

If this is your first application for a Hackney Carriage or Private Hire Driver's Licence, you **MUST** hand in Part 1 and Part 2 (Medical Report Form) completed by a Doctor, with your application. If you are applying to renew your licence, a Medical Report is required at five yearly intervals up until the age of 56, then every three years until the age of 65 and then annually.

A WHAT YOU HAVE TO DO

1. Fill in Part (1) on this report in the presence of the Doctor carrying out the examination.
2. If you have any doubts about your ability to meet the medical standards, consult your Doctor **before** carrying out the examination.
3. Read the notes below ('Medical standards for Hackney Carriage and Private Hire Drivers').
4. This report must be received by the Council not later than 7 days after the Doctor has signed the report.

B WHAT THE DOCTOR HAS TO DO

1. Please complete sections 1 – 6 of this report. You may find it helpful to consult the DVLC's 'At a Glance' and the Medical Commission on Accident Prevention booklet – 'Medical Aspects of Fitness to Drive'. Should you require any further information please telephone the Licensing Office on 01304 872295.

C A BRIEF GUIDE TO MEDICAL STANDARDS REQUIRED FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS

The standards are higher for Hackney Carriage and Private Hire Drivers than those required for Social, Domestic and Pleasure Drivers.

1. Epilepsy Attacks

Applicants must **not** 'have a liability to epileptic seizures'. It must be at least 10 years since an applicant had an epileptic seizure and has been off medication for that period. With such a liability, the Council will refuse or revoke the licence.

2. Diabetes

Insulin treated diabetics may **not** obtain a licence **unless** they have held a Hackney Carriage or Private Driver's Licence valid at 1st April 1991 and the Licensing Authority who issued the licence, had knowledge of the insulin treatment before 1st January 1991.

3. Eyesight

All drivers, for whatever category of vehicle, must be able to read in good daylight a number plate

comprising of letters and figures 79.4mm high (3 1/8 inches) at 20.5 metres (67 feet), and, if glasses or contact lenses are required to do so, these must be worn while driving, In addition:

- (i) Applicants who have not held a Hackney Carriage or Private Hire Driver's Licence are barred in law if the visual acuity using corrective lenses, if necessary, is worse than 6/9 in the better or 6/12 in the other eye, or the uncorrected acuity in each eye is worse than 3/60.

and

- (ii) A current licence holder who has held a Hackney Carriage or Private Hire Driver's Licence before 1st March 1992 but who does not meet the standard in (i) above may still qualify for a licence.

Where medical considerations include a relevant date(s) the Doctor should make enquiries with the Licensing Officer of Dover District Council on 01304 872295, to establish the licensing position of existing licence holders at the date(s) in question.

4. **An applicant or licence holder failing to meet the diabetes or eyesight regulations may be refused.**
5. **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 three months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty.
- * Suffering disturbance of cardiac rhythm occurring within the past five years unless special criteria is 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 five years.
- * Meniere's and other conditions causing disabling vertigo, within the past one 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.
- * Being treated for or suffering a psychotic or schizophrenic illness in the past three years or suffering from dementia.
- * Alcohol dependency or misuse, or illicit drug or substance dependency or use in the past three years.
- * Insuperable difficulty in communicating by telephone in an emergency.
- * Insuperable diplopia, or defect in the binocular field of vision.
- * Sleep disorders including Obstructive Sleep Apnoea syndrome causing excessive daytime/awake time sleepiness
- * Any other serious medical condition, which may cause problems for road safety and Hackney Carriage or Private Hire Driving.

MEDICAL PRACTITIONERS DETAILS

To be completed by the Doctor carrying out the examination and returned to Dover District Council using the prepaid envelope provided.

Part 1.

Surgery Stamp:

Name:

Address:
.....
.....

Postcode:

Signature of Medical Practitioner: Date:

APPLICANT'S DETAILS

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

Section 9

Name:

Address:
.....

Postcode:

Date of Birth

Home Telephone No.

Work/Daytime No.

About your GP/Group

GP/
Group Name:

Address:
.....

Telephone No.

Date when first
licensed:

About your Consultant/Specialist (If Applicable)

Consultants Name:

Address:
.....

Telephone No.

Hospital Number:

Date Last Seen:

DECLARATION AND AUTHORISATION (to be completed by the applicant)

(if you have knowingly given false information in this examination you are liable to prosecution)

Consent and Declaration *This section **must** be completed and must **not** be altered in any way*

Please sign the statement below:

In the event that there is a question concerning my fitness to drive a Hackney Carriage or Private Hire Vehicle then I authorise my Doctor(s) and Specialist(s) to release reports to the Dover District Council Medical Advisor.

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

Signature:

Date:

**OVERLEAF PART 2
Certificate of fitness**

MEDICAL CERTIFICATE

Part 2.

Full name of applicant (BLOCK CAPITALS):

.....

Address:

.....

.....

Date of Birth: Day _____ Month _____ Year _____

NOTE

This Certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for any medical examinations.

Signature of applicant: _____

(To be signed in the presence of the Medical Practitioner signing this Certificate)

NOTE FOR MEDICAL PRACTITIONERS

In completing this medical certificate medical practitioners are asked to have regard to the recommendations by the Medical Commission for Accident Prevention in their booklet 'Medical Aspects of Fitness to Drive' or to the Notes for the Guidance of Doctors conducting those examinations prepared by the British Medical Association.

I CERTIFY that I have this day examined the applicant, who has signed this form in my presence and who in my opinion is * fit/unfit to drive a Hackney Carriage or Private Hire Vehicle.

*(*Delete at appropriate)*

Signature of Registered Medical Practitioner: _____

Name (BLOCK CAPITALS) _____

Address: _____

.....

.....

Medical Examination

To be completed by the Doctor -Please answer all questions

Section 1. Vision (Please see Eyesight notes 3i to 3ii on page 2)	Yes	No
a. Is the visual acuity as measured on the Snellen chart at least 6/9 in the better eye and at least 6/12 in the other?	<input type="checkbox"/>	<input type="checkbox"/>
b. If corrective lenses are required to be worn to achieve this standard:		
1. Is the uncorrected acuity at least 3/60 in the left eye?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the uncorrected acuity at least 3/60 in the right eye? (3/60 being the ability to read the top line of the Snellen chart at 6 metres)	<input type="checkbox"/>	<input type="checkbox"/>
c. Please state all the visual acuities for the applicant measured:		
Uncorrected		Corrected
Left <input style="width: 60px; height: 20px;" type="text"/>	Right <input style="width: 60px; height: 20px;" type="text"/>	Left <input style="width: 60px; height: 20px;" type="text"/>
		Right <input style="width: 60px; height: 20px;" type="text"/>
d. If there is no degree of vision whatsoever in one eye, on what date did the applicant become monocular or develop sight in one eye?		<input style="width: 150px; height: 20px;" type="text"/>
e. Is there documented evidence of pathological field defect? e.g. hemianopia, scotoma or quadrantanopia	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there full binocular field of vision on confrontation?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there uncontrolled diplopia	<input type="checkbox"/>	<input type="checkbox"/>

Section 2. Nervous System	Yes	No
a. Has the applicant a liability to epileptic seizures?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the applicant suffer from epilepsy?		
c. Is there a history of sudden and disabling episodes(s) of unexplained Impaired consciousness with the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a history of stroke, TIA or vertebrobasilar insufficiency with the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a history on uncontrolled Meniere's disease or other sudden disabling vertigo within the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there evidence of neurological or cognitive impairment of multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there Parkinson's Disease or similar disorder likely to affect vehicle control	<input type="checkbox"/>	<input type="checkbox"/>
h. Is there a history of brain surgery or serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since last licence issued	<input type="checkbox"/>	<input type="checkbox"/>
j. Is there a history of brain tumour (benign, malignant, primary or secondary)	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 Diabetes Mellitus

Yes

No

a. Does the applicant have diabetes mellitus?

If "yes" please complete following questions. If "No" go to Section 4

b. Is the diabetes managed by:

1. Insulin? If "yes" dated started on Insulin?

2. Oral hypoglycaemic agents and diet?

3. Diet only

c. Is the diabetic control considered satisfactory?

d. Is there evidence of:

1. Loss of vision?

2. Severe peripheral neuropathy?

3. Significant impairment of limb function or joint position sense?

4. Uncontrolled episodes of hypoglycaemia?

5. Complete loss of warning symptoms of hypoglycaemia?

Section 4. Psychiatric Illness

Yes

No

a. Has the applicant suffered or required treatment for a psychotic illness in the past 3 years?

b. Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months?

If "yes" does the medication cause effects likely to affect driving ability?

Is the condition stable or resolved

c. Is there confirmed evidence of dementia?

d. In the past 3 years is there a history of continued alcohol abuse/dependency?

e. In the past 3 years is there a history of continued illicit drug or substance abuse or dependency

If "yes please give details of alcohol intake, type of drug/substance use together with dates, any treatment and compliance with advice.

Section 5. General**Yes****No**

- a. Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?
- b. Is there serious difficulty preventing adequate communication by telephone in an emergency?
- c. Is there evidence of any sleep disorder including Obstructive Sleep Apnoea causing excessive daytime/awake time sleepiness?
- d. Within the past 2 years is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?

If "yes" please give dates and diagnosis and state whether there is current evidence of dissemination

Section 6. Cardiac**Yes****No****a. Coronary artery disease**

Is there a history or evidence of:

- 1, Angina pectoris or heart failure?
(irrespective that applicant is symptom free by use of medication)
2. Myocardial infarction/any episode of unstable angina
3. Coronary artery by-pass(CABG/coronary angioplasty)
if "yes" to any of above please give dates and details

4. Has a resting ECG been performed previously?
- If "yes" did it show Q waves present in 3 leads or more or left Bundle branch block?

Date ECG performed:

If the ECG trace is available, a copy would be helpful but an ECG does not need to be undertaken for this examination

b. Other vascular disorders

Yes

No

Is there a history, or evidence of:

- | | | |
|---|--------------------------|--------------------------|
| 1. Aortic aneurysm, (thoracic or abdominal) with a transverse diameter of 5 cm or more (whether or not it has been repaired)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Confirmed symptomatic peripheral heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any other significant vascular disorder (e.g. Marfans)? | <input type="checkbox"/> | <input type="checkbox"/> |

c. Cardiac arrhythmia and heart block

Is there a history or evidence of:

- | | | |
|---|--------------------------|--------------------------|
| 1. Significant disturbance of cardiac rhythm within past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pacemaker or cardioverter defibrillator insertion? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes please give details

d. Acquired valvular heart disease

Yes

No

- | | | |
|--|--------------------------|--------------------------|
| Is there a history or evidence of acquired valvular heart disease with or without heart valve replacement? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

e. Other cardiac conditions

- | | | |
|---|--------------------------|--------------------------|
| Is there a history, or evidence, of established cardiomyopathy or heart or lung transplant, cardiac surgery, (other than above) or significant congenital heart disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

f. Blood Pressure

- | | | |
|--|--------------------------|--------------------------|
| 1. Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or 110 diastolic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history, or evidence, of established hypertension, with blood pressure readings consistently greater than 180 systolic or 100 diastolic? | <input type="checkbox"/> | <input type="checkbox"/> |

Please give details: