



INFORMATION REGARDING MEDICAL REPORT

Medical Report on an applicant for a Hackney Carriage / Private Drivers Licence

You MUST submit a Medical Report form completed by a Doctor who has full knowledge of your medical history. A Medical Report will then be required every three years thereafter.

A: WHAT YOU HAVE TO DO

1. BEFORE consulting your Doctor please read the notes below at Section C, paragraphs 1, 2, 3 and 4 ("Medical standards for drivers of hackney carriage and private hire vehicles"). If you have any of these conditions you will NOT be granted this entitlement.
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor **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. The Council has **NO** responsibility for the fee payable to the Doctor.
3. Fill in **Section 8** of the report in the presence of the Doctor carrying out the examination.
4. The report must be submitted to the Council together with your application.

B. WHAT THE DOCTOR HAS TO DO

1. Please complete sections 1-7 and 9 of the report. You may find it helpful to consult the DVLA's 'D4 booklet, Medical Examination Report'. Drivers of hackney carriage and private hire vehicles are recommended by the Commission to attain DVLA Group 2 Vocational Licence Standard.
2. Applicants who may show no symptoms 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 a hackney carriage/private hire drivers licence, they must inform the Council immediately.
3. The Report must only be completed by a Medical Practitioner who has **full knowledge** of the applicant's **medical history**.
4. If the report does bring out important clinical details with respect to acting as a licensed driver, please give details in **Section 7**.
5. **PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE SECTIONS AND STATED WHETHER THE APPLICANT IS FIT OR UNFIT TO HOLD A LICENCE.**

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

Medical standards for drivers of hackney carriage and private hire vehicles are higher than those required for a normal car drivers (DVLA) licence.

The following conditions are a bar to the holding of a hackney carriage/private driver's licence.

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 the Council will refuse or revoke a licence.

2. **DIABETES**

Insulin treated diabetics may NOT obtain a licence UNLESS they held a hackney carriage/private hire licence valid at 1 April 1991 and the Council had knowledge of the insulin treatment before 1 January 1991.

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 applicants 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 WORST 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 licence before 1 April 1991 but who does not meet the eyesight standards above may still qualify for a licence. Information about the standard for such an applicant can be obtained from the Licensing Section.

APPLICANTS WILL ALSO BE REFUSED A LICENCE IF THEY HAVE:

- **UNCONTROLLED DIPLOPIA (DOUBLE VISION)**
- **OR DO NOT HAVE A NORMAL BINOCULAR FIELD OF VISION**

4. **OTHER MEDICAL CONDITIONS**

In addition to those medical conditions set out above, applicants (or licence holders) will normally be refused if they are unable to meet the 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, transient ischemic attack (TIA) or unexplained loss of consciousness within the past 5 years
- Meniere's and other conditions causing disabling vertigo, within the past 1 year
- recent severe head injury with serious continuing 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
- excessive sleepiness where the doctor and specialist are not satisfied that any necessary treatment is effective and where the patient is unlikely to be compliant
- any other serious medical condition which may cause problems when acting as a hackney carriage/private hire driver.

CRITERIA FOR ASSESSING FITNESS TO DRIVE HACKNEY CARRIAGES OR PRIVATE HIRE VEHICLES

These criteria are based on the Vocational Licence (Group 2) guidelines issued by the DVLA and the Medical Commission for Accident Prevention.

Patients who should be regarded as **unfit** to hold a licence to drive a Hackney Carriage or Private Hire car include those with:

1. Visual Acuity

- a) Visual acuity less than 6/9 in the better eye and 6/12 in the other eye with corrective lenses including contact lenses if worn.
- b) uncorrected visual acuity (without the use of spectacles and contact lenses) worse than 3/60 in either eye separately.
- c) Monocular vision or visual field defect
- d) Uncontrolled Diplopia

A patient who held a licence before 01/04/91 but who does not meet the standard in (a) above may also still qualify for a licence due to 'Grandfather' rights. See Group 2 Guidelines.

2. Nervous System

Any progressive or persistently disabling disorder of the nervous system, e.g.

- a) a liability to epileptic seizures except where there have been no fits for 10 years and no anti-epileptic medication used for 10 years and specialist assessment confirms no continuing liability to seizures.
- b) a history of blackouts or recurring episodes of altered consciousness other than simple syncope except where the person is symptom free for 5 years and judged fit to drive following specialist assessment.
- c) a history of Transient ischaemia, stroke or vertebrobasilar insufficiency except where recovery has been complete and free of recurrence for 5 years and specialist assessment shows no exceptional risk of recurrence.
- d) a history of recurring Meniere's disease except where the person is symptom free for at least 1 year.
- e) a history of disabling Multiple Sclerosis or Parkinsonism.
- f) a history of major brain surgery.
- g) a history of serious head injury except where specialist assessment has demonstrated fitness to drive.
- h) profound deafness or profound speech impairment preventing communication by telephone in an emergency.
- i) unexplained syncope or disabling vertigo except where the person has undergone specialist evaluation and is symptom free for at least 1 year.

3. **Diabetes**

- a) Diabetes requiring insulin treatment.
- b) Significant diabetic retinopathy, peripheral neuropathy, impairment of limb function or joint position sense (whether insulin treated or not).
- c) Previous episodes of hypoglycaemia.

4. **Psychiatric Illness**

- a) a history of psychosis or treatment for a psychotic illness within the last 3 years or a manic or hypomanic illness or treatment for such a condition within the past 3 years.
- b) a mental disorder requiring treatment with psychotropic medication within the last 6 months (except where applicant meets national recommended guidelines).
- c) a history of dementia.
- d) any history of alcohol dependency in the last 3 years.
- e) any history of drug or substances misuse or dependency in the last 1 or 3 years (dependent on drug involved).

5. **Cardiac**

a) Coronary Artery Disease

- i) history of myocardial infarction, coronary artery bypass grafting (CABG) or coronary angioplasty except where exercise testing confirms that the person is able to meet national recommended guidelines.
- ii) the presence of angina or continued treatment for angina (except where applicant meets national recommended guidelines).

b) Cardiac Arrhythmia

- i) arrhythmia causing or likely to cause incapacity
- ii) insertion of pacemaker (except where that person is able to meet national recommended guidelines).

c) Peripheral Arterial Disease

Except when it has been satisfactorily repaired and there is no other disqualifying condition.

d) Valvular/Congenital Heart Disease

- i) is there a history?

e) Cardiomyopathy

- i) Is there a history?

f) Cardiac Investigations

- i) Has a resting ECG been undertaken?

g) Blood Pressure

- i) Resting blood pressure consistently 180mmHg systolic or more and/or 100mmHg diastolic or more, or where medication causes side effects which may interfere with driving.

6. General

- i) Any impaired function of the spine or any limb which is likely to interfere with the efficient discharge of his/her duties as a vocational driver.
- ii) Any history of malignant intracranial tumour in adult life.
- iii) Any other condition which may affect fitness to drive. It must be stressed that the conditions covered by specific questions on the medical report form cannot be an exhaustive list of those which may affect fitness to drive. In an acute form, almost any medical condition may be a relevant disability.

THIS LIST IS FOR ADVICE ONLY AND IS NOT EXHAUSTIVE

Applying the above criteria will allow a decision on fitness to drive a Hackney Carriage or Private Hire vehicle to be made in the majority of cases. However, where a doctor is still in doubt he/she should discuss individual applicants with a Department of Transport Medical Adviser. This service is available by ringing (01792) 783686.

MEDICAL EXAMINATION - TO BE COMPLETED BY THE DOCTOR

PLEASE ANSWER ALL QUESTIONS

Please give patient's weight _____ (kg/st) and height _____ (ft/cm)

Give details of smoking habits, if any _____

Please give number of alcohol units taken each week _____

Is the urine sample taken, positive for Glucose? **YES** **NO**

Details of specialist(s)/consultants, including address and date last seen:

1	2	3

Current medication including exact dosage and reason for each treatment:

1. VISION

Visual acuities must be measured by Snellen chart (using spectacles or contact lenses if required). If in doubt, please refer to local optician for assessment.

1) Is the visual acuity **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

If **YES**, is the

- a. **UNCORRECTED** acuity **AT LEAST** 3/60 in the RIGHT eye? YES NO
- b. **UNCORRECTED** acuity **AT LEAST** 3/60 in the LEFT eye? YES NO
- c. correction well tolerated? YES NO

3) Please state all the visual acuities of each eye in terms of the 6m Snellen chart.
Please convert any 3 metre readings to the 6 metre equivalent.

UNCORRECTED		CORRECTED (if applicable)	
Right	<input type="text"/>	Right	<input type="text"/>
Left	<input type="text"/>	Left	<input type="text"/>

- 4) Is there a defect in his/her binocular field or vision? (Central and/or peripheral) YES NO
- 5) Is there diplopia? (controlled or uncontrolled) 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 enclose any relevant visual field charts or hospital letters.

2. NERVOUS SYSTEM

1) Has the applicant had any form of epileptic attack? YES NO

a) If **YES**, please give date of last attack _____

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

If **YES**, please give date(s) and details in **SECTION 7**

3) Does the applicant suffer from narcolepsy/cataplexy? YES NO

Name of Applicant _____ Date of Birth _____ 7

If **YES**, please give date(s) and details in **SECTION 7**

4) Is there a history of, or evidence of any of the conditions listed at a-h below? **YES** **NO**

If **NO**, go to **Section 3**.

If **YES**, please tick the relevant box(es) and give dates and details in **Section 7**.

- a) Stroke/TIA (*please delete as appropriate*) **YES** **NO**
- b) Sudden disabling dizziness/vertigo within the last 1 year with liability to recur **YES** **NO**
- c) Subarachnoid haemorrhage **YES** **NO**
- d) Serious head injury within the last 10 years **YES** **NO**
- e) Brain tumour, either benign or malignant, primary or secondary? **YES** **NO**
- f) Other brain surgery **YES** **NO**
- g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis **YES** **NO**
- h) Dementia or cognitive impairment **YES** **NO**

3. DIABETES MELLITUS

1) Does the applicant have diabetes mellitus? **YES** **NO**

If '**NO**' proceed to Section 4.

If '**YES**' please answer the following questions

2) Is the diabetes managed by:

- a). Insulin? (If '**YES**' please give date started on insulin)_____ **YES** **NO**
- b) Oral hypoglycaemic agents and diet? **YES** **NO**
- c) Diet only? **YES** **NO**

3) Does the patient test blood glucose at least twice daily? **YES** **NO**

4) Is there evidence of:
a) Loss of visual field? **YES** **NO**

b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? **YES** **NO**

c) Diminished/Absent awareness of hypoglycaemia? **YES** **NO**

5) Has there been laser treatment for retinopathy? **YES** **NO**

If **YES**, please give date(s) of treatment_____

- 6) Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party? **YES** **NO**
If **YES** to any of 4-6 above, please give details in **Section 7**.

4. PSYCHIATRIC ILLNESS

Is there a history of or evidence of any of the conditions listed at 1-6 below? **YES** **NO**
If **NO**, please go to Section 5
If **YES** please tick the relevant box(es) below and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 7**.

NB. If applicant remains under specialist clinic(s) ensure details are completed at the top of page 1.

- 1) Significant psychiatric disorder within the past 6 months **YES**
- 2) A psychotic illness within the past 3 years, including psychotic depression **YES**
- 3) Persistent alcohol misuse in the past 12 months **YES**
- 4) Alcohol dependency in the last 3 years **YES**
- 5) Persistent drug misuse in the past 12 months **YES**
- 6) Drug dependency in the past 3 years **YES**

5. CARDIAC

Please follow the instructions in all Sections (5A-5G) giving details as required at Section 7.

NB. If applicant remains under specialist cardiac clinic(s) ensure details are completed on page 9.

5A. CORONARY ARTERY DISEASE

Is there a history of, or evidence of, coronary artery disease? **YES** **NO**
If **NO**, proceed to **Section 5B**
If **YES**, please answer all questions below and give details at **Section 7** of the form.

- 1) Myocardial Infarction? **YES** **NO**
If **YES** please give date(s)_____
- 2) Coronary artery by-pass graft ? **YES** **NO**
If **YES** please give date(s)_____
- 3) Coronary angioplasty (with or without stent) **YES** **NO**
If **YES** please give date(s)_____
- 4) Has the applicant suffered from Angina? **YES** **NO**

If **YES**, please give the date of the last attack: _____

5B CARDIAC ARRHYTHMIA

Is there a history of, or evidence of, cardiac arrhythmia? **YES** **NO**

If **NO**, proceed to **Section 5C**

If **YES**, please answer all questions below and give details at **Section 7** of the form.

- 1) Has the applicant had a significant documented disturbance of cardiac rhythm within the past five years? **YES** **NO**
 - 2) Has the arrhythmia been controlled satisfactorily for at least 3 months? **YES** **NO**
 - 3) Has a cardiac defibrillator been implanted? **YES** **NO**
 - 4) Has a pacemaker been implanted **YES** **NO**
- If **YES**:-
- a) Has the pacemaker been implanted for at least 6 weeks? **YES** **NO**
 - b) Since implantation, is the patient now symptom free from this condition? **YES** **NO**
 - c) Does the applicant attend a pacemaker clinic regularly? **YES** **NO**

5C PERIPHERAL ARTERIAL DISEASE

1. Is there history or evidence of **ANY** of the following: **YES** **NO**

If **YES** please tick all relevant boxes below, and give details at **Section 7** of the form.

Peripheral Arterial Disease

Aortic Aneurysm, If YES

- a. Site of Aneurysm **Thoracic** **Abdominal**
- b) Has it been successfully repaired? **YES** **NO**
- c) Is the transverse diameter more than 5cms? **YES** **NO**

Dissection of the Aorta, if YES

- a) Has it been repaired successfully: **YES** **NO**

5D VALVULAR/CONGENITAL HEART DISEASE

Is there a history of Valvular/Congenital heart disease? **YES** **NO**

If **NO**, proceed to **Section 5E**

If **YES**, please answer all questions below and give details at **Section 7** of the form.

- 1) Is there a history of congenital heart disorder? **YES** **NO**
- 2) Is there a history of heart valve disease? **YES** **NO**
- 3) Is there any history of embolism? (**not** pulmonary embolism) **YES** **NO**
- 4) Does the applicant currently have significant symptoms? **YES** **NO**

- 5) Has there been any progression since the last licence application? (if relevant) YES NO

5E CARDIOMYOPATHY

Does the applicant have a history of **ANY** of the following conditions:

- a) a history of, or evidence of heart failure? YES NO
- b) established cardiomyopathy? YES NO
- c) a heart or heart/lung transplant? YES NO

If YES to any part of the above, please give full details in **Section 7** of the form, if not proceed to Section 5F

5F CARDIAC INVESTIGATIONS

THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS

1. Has a resting ECG been undertaken?
If **YES**, does it show:-
- a) pathological Q waves? YES NO
- b) left bundle branch block? YES NO
2. Has an exercise ECG been undertaken (or planned)? YES NO
- If **YES**, please give date and give details in **Section 7** _____
Sight/copy of the exercise /test result/report would be useful
3. Has an echocardiogram been undertaken (or planned)? YES NO
- Sight/copy of the echocardiogram result/report would be useful*
4. Has a coronary angiogram been undertaken (or planned)? YES NO
- Sight/copy of the angiogram result/report would be useful*
5. Has a 24 hour ECG tape been undertaken (or planned)? YES NO
- Sight/copy of the 24 hour tape result/report would be useful*
6. Has a myocardial perfusion imaging scan been undertaken (or planned)? YES NO
- Sight/copy of the scan result/report would be useful*

5G BLOOD PRESSURE

THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS

1. Is today's resting systolic pressure 180mm Hg or greater? YES NO
2. Is today's resting diastolic pressure 100mm Hg or greater? YES NO

3. Is the applicant on anti-hypertensive treatment? **YES** **NO**
 If YES to any of the above, please supply today's reading

6. GENERAL

Please answer all questions in this section. If your answer is **'YES'** to any of the questions, please give full details in **Section 7**.

1. Is there currently a disability of the spine or limbs, likely to impair control of the vehicle? **YES** **NO**
2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally? **YES** **NO**

If **YES** please give dates and diagnosis and state whether there is current evidence of dissemination

3. Is the applicant profoundly deaf? **YES** **NO**
 If **YES**,
 Is he/she able to communicate in the event of an emergency by speech or **YES** **NO**
 by using a device, e.g. a MINICOM/text phone?
4. Is there a history of either renal or hepatic failure? **YES** **NO**
5. Does the applicant have sleep apnoea syndrome? **YES** **NO**
 If **YES**, has it been controlled successfully? **YES** **NO**
6. Is there any other **Medical Condition**, causing excessive daytime sleepiness? **YES** **NO**
- 6a. If **YES**, please give details below:

7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? YES NO
8. Does any medication currently taken cause the applicant side effects which impair his/her safe driving? YES NO

7. FURTHER INFORMATION

Please forward copies of all relevant hospital notes if available

8. APPLICANTS CONSENT AND DECLARATION

1. **THIS CERTIFICATE IS NOT ONE WHICH MUST BE ISSUED FREE OF CHARGE AS PART OF THE NATIONAL HEALTH SERVICE**
2. **PLEASE NOTE THAT WEST LINDSEY DISTRICT COUNCIL IS NOT LIABLE FOR THE PAYMENT OF ANY MEDICAL EXAMINATION FEES - THESE ARE THE SOLE RESPONSIBILITY OF THE APPLICANT.**

IMPORTANT

You must only sign this when you are with the Doctor who will be filling in this report.

Complete in BLOCK CAPITALS.

Your full name _____

Your full address _____

Post Code _____

Date of birth _____

Home Telephone No. _____

Work/Daytime No. _____

About your GP Group Practice

GP/Group name _____

Address

Post code _____

Telephone No. _____

About your Consultant/Specialist (if applicable)

Consultants Name

Address

Post code _____

Telephone No _____

Consent and Declaration. Please sign statements below

I authorise my Doctor(s) and Specialist(s) to release reports to West Lindsey District Council about my medical condition.

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 _____

9. DOCTORS DECLARATION AND DETAILS

I CERTIFY THAT:

a) I have full knowledge of the applicants past medical history AND

b) I have this day examined the applicant, who has signed this form in my presence and who in my opinion meets the standard required for a DVLA Group 2 licence and is *FIT / UNFIT to drive a Hackney Carriage/Private Hire vehicle.

*** Delete as necessary**

Signature of the registered Medical Practitioner

_____ Date: _____

Name (IN CAPITALS) _____

Address _____

Post Code _____

Telephone No _____

Surgery Stamp



This form must only be completed by one of the following:

- a) The applicants regular Medical Practitioner who has a full knowledge of his/her medical history OR**
- b) A Medical Practitioner who has a full knowledge of the applicants medical history.**

**WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO:
LICENSING SECTION, WEST LINDSEY DISTRICT COUNCIL,
GUILDHALL, MARSHALL'S YARD, GAINSBOROUGH, DN21 2NA
TELEPHONE NUMBER (01427) 676598**



Privacy Notice: We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice.

This can be viewed using the following link: www.west-lindsey.gov.uk/licensing-privacy/

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.west-lindsey.gov.uk/fairprocessingnotice or contact the finance department on, 01427 676560 or email FinanceTeam@west-lindsey.gov.uk

NOTE FOR MEDICAL PRACTITIONERS

In completing this medical certificate, Medical Practitioners are asked to have regard to the Vocational Licence (Group 2) guidelines issued by the Medical Advisory Branch, DVLA, Swansea in their 'At a Glance Booklet' and the recommendations by the Medical Commission for Accident Prevention in their booklet 'Medical Aspects of Fitness to Drive'.

Copies of the 'DVLA booklet' can be obtained from:

The Medical Adviser

Drivers Medical Unit

Longview Road

SWANSEA SA99 1U

Telephone Number : 01792 761119

Name of Applicant _____ Date of Birth _____