

Uttlesford District Council

Council Offices, London Road
Saffron Walden
Essex. CB11 4ER
Tel No: 01799 510510



Local Government (Miscellaneous Provisions) Act 1976

Medical Report

For an applicant for a licence to drive a Hackney Carriage or Private Hire Vehicle

To be completed by a registered medical practitioner to Group II Entitlement of the DVLA Medical Standards of Fitness to Drive

Notes for the Applicant

Before you can be issued with a licence to drive a Hackney Carriage or Private Hire Vehicle the Council has a legal duty to be satisfied that you are fit for this type of driving. For this reason, a Doctor must fill in **Part B** of this Medical Report. You should then produce it with your application to the Licensing Department, Uttlesford District Council, Council Offices, London Road, Saffron Walden, Essex CB11 4ER.

The Doctor will **not** be able to give you this report free on the National Health, you will be required to pay a fee (this fee will **not** be paid by the Council). We therefore advise you to read the **Notes regarding Fitness** overleaf. If you have any doubts about your fitness, talk to the Doctor **before** you undergo the examination or write to the Drivers Medical Group, DVLA, Swansea, SA99 1TU. Please fill in **Part A** of this form, make sure that you answer all the questions. Please use a black pen and write in CAPITALS.

Do not sign **Question 5** until you are with the Doctor who is going to fill in **Part B** of the Report

Part A - To be filled in by the Applicant (Please answer all questions and write in CAPITALS)

1 Full Name:

2 Address & Postal Code:

Home Tel. No:

Work Tel. No:

3 Date of Birth:

Give the name and address of the Doctor (or Group Practice) that you have been registered with for the last 12 months

4 Name(s):

Address & Postal Code:

You must sign this declaration when you are with the Doctor who will be filling in **Part B** of this Report.

5 I authorise my Doctor or Specialist to release confidential information to the Council's Assistant Chief Executive if any matter affecting my fitness to drive arises:

- In connection with this application; or
- During the period that this certificate will be in force (three years).

I understand that such information will not be disclosed to any person not connected with determining my fitness to drive a licensed vehicle.

I also authorise the medical practitioner to advise the Drivers Medical Group, DVLA, Swansea, SA99 1TU on my fitness to hold my ordinary driving licence if applicable.

Applicant's Signature: Date:

Notes about Fitness

Please read these notes **before** you go to your Doctor. If you have any doubts about your fitness to drive, talk to your Doctor before you pay for a full examination, or write to:

The Drivers Medical Group, DVLA, Swansea, SA99 1TU. The Drivers Medical Group, together with the Medical Commission for Accident Prevention recommend that drivers of Hackney Carriages and Private Hire Vehicles should satisfy the medical standards which are required by drivers of Large Goods Vehicle and Passenger Carrying Vehicles. Based on the knowledge of the demanding role of a driver of a Hackney Carriage or Private Hire Vehicle the Council requires applicants to satisfy the same medical standards as a matter of policy.

The medical standards are higher than they are for ordinary driving entitlement. These standards are briefly explained below. An applicant who does not meet these standards will ordinarily be refused a licence unless the Council can be satisfied on receipt of such expert advice as may be appropriate or otherwise that the driving of a Hackney Carriage or Private Hire Vehicle by the applicant is not likely to be a source of danger to the public. If an application is refused the applicant has a right of appeal to a Magistrates Court.

You may be refused a licence if, for example:

- You have had an epileptic attack within the previous 10 years and are on anticonvulsants.
- You have a visual acuity using corrective lenses of less than 6/75 (0:8 decimal) in the better eye and less than 6/60 (Snellen decimal 0.1) in the other eye.
- You have had a coronary thrombosis or heart surgery.
- You suffer problems with heart rhythm, or have a disease of the heart or arteries.
- You have an abnormal blood pressure which is not well controlled with drugs.
- You have had a stroke, or unexplained loss of consciousness.
- You have had severe head injury with continuing after-effects, or major brain surgery.
- You suffer from Parkinson's disease or multiple sclerosis.
- You have diabetes which is not well controlled (if you have Type 1 diabetes you will be required to have a medical on an annual basis)
- You are being treated for mental or nervous problems.
- You have had alcohol or drug addiction problems.
- You have profound deafness and cannot communicate on the telephone.
- You suffer from double or tunnel vision.
- You have any other condition which would cause problems for the driving of a Hackney Carriage or Private Hire Vehicle.

Important

You must tell the Council at once if you have any serious illness or disability which could affect your driving. This includes mental as well as physical conditions. By law you must also tell the **Drivers Medical Group, DVLA, Swansea, SA99 1TU** unless you do not expect it to last for more than three months.

Notes for the Doctor

Please complete **Part B** of this report, having regard to the DVLA publication "At a glance Guide to the Current Medical Standards of Fitness to Drive".

If you have any doubt whether the applicant meets the DVLA Group 2 Medical Standard of Fitness you may obtain advice from the DVLA Medical Advisors.

The purpose of the report is to determine the applicant's fitness to drive a Hackney Carriage or Private Hire Vehicle.

Please tick the answers that apply. Failure to answer each section fully may result in a delay in determining the application.

If you have any queries with regard to this procedure please contact the Licensing Department on 01799 510613 or 01799 510598.

The Council may need to make further enquiries if there is any doubt as to the applicant's fitness.

Applicants who may be symptomatic at the time of completion of this report and obtain Hackney Carriage or Private Hire Vehicle drivers licences, who later show symptoms of a medical condition should be advised to inform the Council and (if appropriate) the DVLA.

This report will not be disclosed without the applicant's consent to any person not connected with determining the applicant's fitness to drive.

Part B - Medical Report - To be completed by the Doctor

Section 1 - Cardiac

Note: This report must not be completed in respect of applicants who have had coronary artery by-pass surgery within the last three months or angioplasty within the last 6 weeks. The report should only be completed after these specific periods have elapsed.

- | | | Yes | No |
|-------|--|--------------------------|--------------------------|
| (a) | Is there evidence of congenital heart disease requiring Consultant Cardiological Review? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Is a cardiac pacemaker fitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Is there a history of: | | |
| (i) | Cardiac infarction or coronary heart attack? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) | Successful coronary artery by-pass graft (CABG) surgery more than six months ago? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | Successful coronary angioplasty more than three months ago? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An ECG is required with this report only if any questions in Section 1(c) are answered in the affirmative.

- | | | | |
|-----|--|--------------------------|--------------------------|
| (d) | In respect of the Note above, does an ECG show typical Q waves of infarction? | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--|--------------------------|--------------------------|

Note: A relevant Q wave is defined as having an amplitude of 40 milliseconds and a depth of at least a third of the succeeding R wave in any lead apart from AVR and V1.

Please give brief details:

- | | | | |
|-----|---|--------------------------|--------------------------|
| (e) | Is there evidence of left bundle branch block? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | Does the applicant suffer from angina or require continuing symptomatic treatment for angina? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) | Is there a history of X-Ray evidence of heart enlargement
If "Yes" is the cardiothoracic ratio 0.55 or over? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) | Is there persisting atrial fibrillation or a history of cardiac arrhythmia in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) | Is there a history of cardio-vascular aneurysm? | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) | Has the applicant had a heart transplant? | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) | Is there a history of peripheral arterial disease associated with cardiac infarction? | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) | Is the established systolic blood pressure 180 or over? | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) | Is the established diastolic blood pressure 100 or over? | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) | Is hypotensive medication prescribed?
If "Yes" does it give rise to giddiness or fainting? | <input type="checkbox"/> | <input type="checkbox"/> |
| (o) | Is there a history of heart valve surgery or heart valve disease requiring anti-coagulant medication? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 2 - Diabetes Mellitus

- | | Yes | No |
|---|--------------------------|--------------------------|
| (a) Does the applicant take medication to lower his blood sugar levels? If "Yes" answer (b) and (c) | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is insulin treatment required? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Is there evidence of diabetic retinopathy requiring laser treatment, or severe peripheral neuropathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Has the medical statement for drivers diagnosed with diabetes using insulin been completed and attached to this report? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 - Nervous System

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Has the applicant ever suffered an epileptic attack and if so has the applicant been free of fits and off treatment for the past 10 years. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is there a history of blackout(s) or recurring episodes of altered consciousness other than simple syncope? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Is there a history of transient ischaemia, amaurosis fugax or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Is there a history of recurring Ménière's disease or vertebro-basilar artery insufficiency in the past two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Is there a history of multiple sclerosis or Parkinson' Disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Is there a history of major brain surgery (other than to the posterior fossa)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Is there a history of head injury with evidence of an intra-cerebral haematoma, early epilepsy or compound depressed skull fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Is there profound deafness that prevents communication by telephone? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4 - Psychiatric Illness

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Has the applicant suffered a psychotic illness or required treatment for a psychotic illness in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has the applicant suffered from a mental disorder requiring treatment with psychotropic medication within the last six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Is there a history of dementia? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Is there a history of alcohol abuse in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Is there a history of drugs or substance abuse in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Has the applicant suffered a manic or hypomanic episode or required treatment for such in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Does the applicant consume alcohol? If Yes please supply the number of units consumed per week | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 – Vision

Note: Visual acuities must be measured by Snellen chart. If in doubt, please refer to an optician for assessment.

- | | Yes | No |
|--|----------------------------|---------------------------|
| (a) Is the visual acuity with or without the use of corrective lenses worse than 6/7.5 in one eye and 6/60 in the other eye? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Acuities without lenses: | | |
| Left <input type="text"/> | Right <input type="text"/> | Both <input type="text"/> |
| (ii) Acuities corrected by lenses? | | |

Left

Right

Both

- (b) Is the applicant without sight in one eye?
- (c) Is there diplopia or evidence of a pathological field defect – eg hemianopia?
- (d) Does the applicant require spectacles of +8 dioptries or greater to meet the above visual acuity requirement?

Section 6 - Malignant Growths

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Is there a history of bronchogenic carcinoma, malignant melanoma, breast cancer or hypernephroma in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is there a history of malignant brain lesion? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 7 - Musculoskeletal System

- | | Yes | No |
|---|--------------------------|--------------------------|
| Has the applicant any deformity, loss of limbs, 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/her duties as a vocational driver? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 8 – Neurological disorders

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Is there a history of any neurological disorder? If Yes please give details at (b) below | <input type="checkbox"/> | <input type="checkbox"/> |

(b)

Section 9 – Other Conditions

- | | Yes | No |
|---|--------------------------|--------------------------|
| Does the applicant suffer from any medical condition not mentioned above, which is likely to interfere with the efficient discharge of his/her duties as a licensed driver? | <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes" please specify the condition(s) and give brief details.

Section 10 - Additional Notes (Please write in CAPITALS)

Please use this section for any matters you consider relevant to the applicants fitness to drive, giving the question number to which these notes refer.

Section 11 - Certificate

I have this day examined the applicant who has signed this form in my presence.

I understand the demands which the driving of a Hackney Carriage or Private Hire Vehicle may impose upon the health of the applicant.

I have assessed whether the applicant meets the medical standard of fitness specified by the Group 2 Medical Standard of Fitness to Drive and have taken account of the relevant guidance.

If you consider that the applicant can hold a Hackney Carriage/Private Hire Driver's Licence but does not meet Group 2 standards please use Section 10 of the form giving your reasons. Such cases will be decided after the completion of a risk assessment.

I certify that in my professional opinion the applicant is ***FIT/UNFIT** to drive a Hackney Carriage or Private Hire Vehicle.

*Delete as appropriate.

It is considered that a public duty of care arises upon the licensing of drivers of Hackney Carriages and Private Hire Vehicles. Where a licence is issued in reliance upon a certificate of fitness it is considered that the duty of care may extend to the Medical Practitioner. This may be especially relevant if the driver is subsequently involved in an incident where his/her fitness is an issue.

Signature of the Registered Medical Practitioner:

Date:

Name in CAPITALS:

Address & Post Code:

Tel No:



UTTLESFORD DISTRICT COUNCIL

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FAIR PROCESSING STATEMENT

Information you submit, or have submitted, in all correspondence to the council will be processed in accordance with the provisions of the Data Protection Act 1998 and relevant legislation.

The council will use the information you provide or provided for the purposes of performing any of its statutory enforcement duties. It will make any disclosures required by law and may also share this information, both across council departments and with other government organisations. If you give or gave information that is incorrect or incomplete, the council may take action against you. Data given may be disclosed in response to requests for information under the Freedom of Information Act 2000.