



## HACKNEY CARRIAGE AND PRIVATE HIRE DRIVING LICENCE MEDICAL EXAMINATION

This medical examination report must be completed in full by the applicant's GP, or a medical practitioner, who has reviewed the applicant's medical records prior to completion.

This medical examination should be completed to the standard required for Group II drivers in the booklet "Medical Aspects of Fitness to Drive" (2017 edition) published by the medical commission on accident prevention.

The Local Government (Miscellaneous Provisions) Act 1976 enables licensing authorities to require applicants to produce a medical certificate to declare that the applicant is physically fit to be the driver of a hackney carriage or private hire vehicle.

### APPLICANT DETAILS

Name	
Address	
Date of birth	

### MEDICAL PRACTITIONER DETAILS (to be completed after the assessment)

Is the applicant a registered patient of the surgery/medical centre at which you practice as a registered medical practitioner?  Yes  No

Have you reviewed the applicant's medical records?  Yes  No

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

Signature of practitioner:		Date	
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Name and address:	Surgery stamp:

## MEDICAL EXAMINATION

### SECTION 1: VISION

Only complete the Vision Assessment section if you are able to fully and accurately complete ALL the questions. If you are unable to do this you must tell the applicant that they will need to arrange to have this part of the assessment completed by an Optician or Optometrist.

1.1 Is the visual acuity as measured by the Snellen chart at least 6/7.5 in the better eye and at least 6/12 in the other eye?  Yes  No

1.2 If corrective lenses have to be worn to achieve this standard:

a. Is the UNCORRECTED acuity at least 3/60 in the left eye?  Yes  No

b. Is the UNCORRECTED acuity at least 3/60 in the right eye?  Yes  No

1.3 Please state all the visual acuity's for all applicants measured:

	Uncorrected	Corrected
Left	<input type="text"/>	<input type="text"/>
Right	<input type="text"/>	<input type="text"/>

1.4 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?

1.5 Is there documented evidence of a pathological field defect e.g. hemianopia, scotoma or quadrantanopia?  Yes  No

1.6 Is there full binocular field of vision on confrontation?  Yes  No

1.7 Is there uncontrolled diplopia?  Yes  No

### SECTION 2: NERVOUS SYSTEM

2.1 Has the applicant a 'liability to epilepsy seizures'?  Yes  No

2.2 Does the applicant suffer from epilepsy?  Yes  No

2.3 Is there a history of sudden and disabling episode(s) of unexplained impaired consciousness within the past 5 years?  Yes  No

2.4 Is there a history of stroke, TIA or vertebrobasilar insufficiency within the last 5 years?  Yes  No

2.5 Is there a history of uncontrolled Menieres Disease or other causes of sudden disabling vertigo within the last 2 years?  Yes  No

2.6 Is there evidence, with documented signs of neurological or cognitive impairment, of multiple sclerosis?  Yes  No

2.7 Is there Parkinson's Disease or other muscle or movement disorder likely to affect vehicle control?  Yes  No

- 2.8 Is there a history of brain surgery (since last licence was issued)?  Yes  No
- 2.9 Is there a history of serious head injury associated with an intra-cerebral aematoma or compound depressed skull fracture (since last licence was issued)?  Yes  No
- 2.10 Is there a history of brain tumour, either benign or malignant, primary or secondary?  Yes  No

### SECTION 3: DIABETES MELLITUS

- 3.1 Does the applicant have diabetes mellitus?  Yes  No\*  
If No, please proceed to section 4.
- 3.2 Is the diabetes managed by insulin?  Yes  No  
If Yes, please give date started:
- 3.3 Is the diabetes managed by oral hypoglycaemic agents and diet?  Yes  No
- 3.4 Is the diabetes managed by diet only?  Yes  No
- 3.5 Is the diabetic control satisfactory?  Yes  No
- 3.6 Is there evidence of:
- a. Loss of visual field?  Yes  No
  - b. Severed peripheral neuropathy?  Yes  No
  - c. Significant impairment of limb function or joint position sense?  Yes  No
  - d. Uncontrolled episodes of hypoglycaemia?  Yes  No
  - e. Complete loss of warning symptoms of hypoglycaemia?  Yes  No

### SECTION 4: PSYCHIATRIC ILLNESS

- 4.1 Has the applicant suffered or required treatment for a psychotic illness in the past 3 years?  Yes  No
- 4.2 Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months?  Yes  No  
If Yes;
- a. Does the medication cause side effects likely to affect driving ability?  Yes  No
  - b. Is the condition stable or resolved?  Yes  No
- 4.3 Is there confirmed evidence of dementia?  Yes  No

4.4 In the past 3 years:

- a. Is there a history of continued alcohol abuse or alcohol dependency?  Yes  No
- b. Is there a history of illicit drug or substance use or dependency?  Yes  No

## SECTION 5: GENERAL

5.1 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?  Yes  No

5.2 Is there a history within the past 2 years of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?  Yes  No

5.3 If Yes, please give dates and diagnosis and state whether there is current evidence of dissemination:  Yes  No

5.4 Is there serious difficulty preventing adequate communication by telephone in emergency?  Yes  No

## SECTION 6: CARDIAC

6.1 Coronary artery disease: Is there a history of:

- a. Angina pectoris or heart failure (whether or not maintained symptom of free by the use of medication)?  Yes  No
- b. Myocardial infarction/any episode of unstable angina?  Yes  No
- c. Coronary artery by-pass graft (CABG)/coronary angioplasty?  Yes  No

If yes to any of the above, please give details:

6.2 Has a resting ECG been performed previously?  Yes  No

6.3 If Yes, did it show pathological Q waves present in 3 leads or more, or left bundle branch block?  Yes  No

6.4 What date was the ECG performed?

6.5 Other Vascular Disorders: Is there a history, or evidence of:

- a. Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5 cm or more? (Whether not it has been repaired)?  Yes  No
- b. Confirmed symptomatic peripheral arterial disease?  Yes  No
- c. Any other significant vascular disorder (i.e. Marfans)?  Yes  No

6.6 Cardiac arrhythmia and heart block: Is there a history, or evidence of significant disturbance of cardiac rhythm within the past 5 years?  Yes  No

If yes, please give details:

6.6 Blood pressure:

a. Is the casual blood pressure reading (to the nearest 5 mm mercury) greater than 200 systolic or over, or 110 diastolic or over?  Yes  No

b. Is there a history, or evidence, of established hypertension with BP readings consistently greater than 180 systolic or over, or 100 diastolic or over?  Yes  No

6.7 Acquired Valvular Heart Disease: Is there a history, or evidence, of acquired valvular heart disease, with or without heart valve replacement?  Yes  No

6.8 Other Cardiac Conditions: Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder?  Yes  No

### APPLICANT DECLARATION AND AUTHORISATION

**If you have knowingly given false information in this examination you are liable to prosecution**

Please sign the statement below:

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

I authorise my Doctor(s) and Specialist(s) to release reports to Redcar and Cleveland Borough Council and their medical adviser.

Signature

Date