



HACKNEY CARRIAGE/PRIVATE HIRE MEDICAL EXAMINATION

Notes – please read these notes carefully before your Medical Examination

1. Fylde Borough Council accepts no liability to pay any fees in connection with the Medical Examination, and there are no refunds under any circumstances. You may use your own medical advisor, if you so wish, check with your medical advisor as to the cost.
2. This certificate is for the confidential use of Fylde Borough Council as the Licensing Authority for Hackney Carriage and Private Hire Drivers. **The Applicant must complete the 'Applicant's Consent and Declaration' on the attached form**, agreeing for medical information to be received by the Council's Licensing Officers in order that proper consideration can be given to their 'fitness' to drive. **Please be advised this certificate is considered as part of your Application – TO KNOWINGLY OR RECKLESSLY GIVE FALSE INFORMATION OR OTHERWISE TRY TO MISLEAD AND/OR INFLUENCE THE MEDICAL ADVISOR BY NOT DECLARING ANY KNOWN MEDICAL HISTORY OR PREVIOUS/CURRENT INCIDENCE(S) OF ILLNESS OR INJURY IS AN OFFENCE.**
3. The Medical Advisor is referred to the '*At A Glance Guide To The Current Medical Standards Of Fitness To Drive*', available free from the DVLA, and the Group 2 Standards contained therein, for guidance on the assessment of an Applicant's fitness to drive Hackney Carriage or Private Hire Vehicles. **The Medical Advisor is specifically directed to the visual acuity test and the condition/function of the Applicant's arms, hands, legs and feet, and particularly to the joints of the upper and lower extremities.** The GP who has examined the Applicant and filled out the form attached will return it to the Applicant. The Applicant must then forward the same with his application and other supporting documents.

Applicants will normally be required to have a Medical Examination at the following intervals:- After initial medical examination, no further medical is required until he/she reaches 45 years of age; Applicants **over 45 years** old until the age of **65 years** old, every 5 years; and Applicants **over 65 years** old, every year

Applicant's Consent and Declaration

I hereby consent to this Medical Examination and any associated medical information being released to the Licensing Officer at Fylde Borough Council in order that my Application for a Hackney Carriage/Private Hire Driver Licence may be properly considered. I also declare that the information I have given to the Council's Medical Advisor is correct to the best of my knowledge and belief, and in doing so realise that to give false information or otherwise try to mislead the Medical Advisor by not declaring previous occurrences of illness/injury is an offence.

Signed Dated

Applicant Details

Full Name D.O.B.

Address

Questions for Medical Advisor	Replies from Medical Advisor
<p>1. Is the applicant, to the best of your judgement subject to:</p> <ul style="list-style-type: none"> • Diabetes, • Epilepsy, • Disabling dizziness/vertigo, • Loss of consciousness, or • Any nervous/mental neurological disorder that might interfere with the safe and efficient performance of their duties as a Driver? <p>If YES, <i>please explain further</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. Does the applicant suffer from any heart or lung disorder that might interfere with the safe and efficient performance of their duties as a Driver?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>3. Are the blood pressure reading – both systolic and diastolic – normal, having regard to the applicant’s age? <i>If not, do you consider the abnormal blood pressure might interfere with the safe and efficient performance of their duties as a Driver?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> BP Systolic Diastolic Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is the urine analysis satisfactory? <u>If No, Please explain</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> </p>
<p>4. (i) Is the acuity of vision by Snellens type satisfactory?¹ (ii) Were the readings taken with applicant’s own glasses/contact lenses?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> RE LE..... (uncorrected) Yes <input type="checkbox"/> No <input type="checkbox"/> RE LE(corrected if applicable)</p>
<p>(iii) Is the applicant’s field of vision by hand test satisfactory? (iv) Does the applicant suffer from any other defect of vision that might interfere with the safe and efficient performance of their duties as a Driver?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Is the applicant’s weight normal, having regard to their height and sex? <i>If NO, do you consider the abnormal weight might interfere with the safe and efficient performance of their duties as a Driver?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Weight Height Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. Is there any defect of hearing? <i>If YES, do you consider that it might interfere with the safe and efficient performance of the duties as a Driver?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7. Has the applicant any deformity or loss of members? <u>If YES, do you consider that it might interfere with the safe and efficient performance of the duties as a Driver?</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. Is the applicant, in your opinion, sufficiently active for the performance of their duties as a Driver?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>9. Does the applicant show evidence of being addicted to the excessive use of alcohol, tobacco or drugs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10. Is the applicant, in your opinion,</p>	

generally fit as regards: (i) Bodily Health and (ii) Temperament for the duties of a driver	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are there any other abnormalities evident that are not included in the above questions, or do you wish to make any additional comments or remarks? <i>If YES, please continue on a separate sheet of paper</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you consider further examination necessary in a period lesser than that stated in Council Policy ² <i>If YES, when would you recommend the next Medical Examination take place? (please give a date)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Surgery Official Stamp

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To be Completed by Medical Advisor

I certify that I have this day examined (Applicant's name)..... that the answers to the questions above are correct to the best of my knowledge and belief, and as such I consider the Applicant to be **FIT/ UNFIT*** to hold a vocational driving licence and as such to act as a Driver of Hackney Carriages or Private Hire Vehicles in the Fylde Borough Council District.

* Please delete as appropriate

¹ Applicants to be able to reach a **minimum uncorrected visual acuity of at least 3/60 in each eye** separately and if wearing glasses or contact lenses, **a corrected vision of at least 6/9 6/12**

² Applicants will normally be required to have a Medical Examination at the following intervals:- After initial medical examination, no further medical is required until he/she reaches 45 years of age; Applicants **over 45 years** old until the age of **65 years** old, every 5 years; and Applicants **over 65 years** old, every year

Please return form to: Licensing Team, Fylde Borough Council, Town Hall, Lytham St Annes, Lancashire, FY8 1LW