

Medical Report for an individual applying for a hackney carriage / private hire driver's licence

This form must be completed by a Doctor who has full knowledge of your medical history, and then submitted to us as part of your application. A new report will be required when renewing your licence.

What the APPLICANT has to do

- **BEFORE** consulting your Doctor please read the notes below at page 2 ("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.
- 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 to the Doctor is **NOT** refundable. The Council has **NO** responsibility for the fee payable to the Doctor.
- Fill in page 11 of the report in the presence of the Doctor carrying out the examination.
- The report must be submitted to the Council before a decision can be made about your application.

What the DOCTOR has to do

- Please complete the **enclosed report** plus **page 12**. You may find it helpful to consult the DVLA's 'D4 booklet, Medical Examination Report'. West Lindsey District Council require drivers of hackney carriage and private hire vehicles to attain DVLA Group 2 Vocational Licence Standard as per Department for Transport's best practice guidance.
- 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 driver's licence, they must inform the Council immediately.
- The Report must only be completed by a medical practitioner who has **full knowledge** of the applicant's **medical history**.
- If the report does bring out important clinical details with respect to acting as a licensed driver, please give details in Section 9.
- PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE SECTIONS AND COMPLETED PAGE 12, STATING WHETHER THE APPLICANT IS FIT OR UNFIT TO HOLD A LICENCE.

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

Medical standards for drivers of hackney carriage and private hire vehicles

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

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.

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 6/7.5 in the better eye and at least 6/60 in the poorer eye. If glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptres in any meridian of either lens.

An applicant who does not meet the eyesight standards above but held a licence before 1997 may still qualify for a licence – see <https://www.gov.uk/guidance/visual-disorders-assessing-fitness-to-drive>

Applicants will also be refused a licence if they have uncontrolled diplopia (double vision) or do not have a normal binocular field of vision.

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:

- Any episode of unstable angina, CABG or coronary angioplasty within 3 months of myocardial infarction
- 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
- 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
- Diabetes being treated with insulin unable to show at least 3 months of readings
- Severe hypoglycaemic event in the past 1 year
- 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

Patients who should be regarded as **unfit** to hold a licence to drive a Hackney Carriage or Private Hire vehicle include those with any of the following:

1. VISUAL ACUITY

- a) Visual acuity less than 6/7.5 in the better eye and 6/60 in the other eye with corrective lenses (including contact lenses)
- 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

An applicant who does not meet the eyesight standards above but held a licence before 1997 may still qualify for a licence – see <https://www.gov.uk/guidance/visual-disorders-assessing-fitness-to-drive>

2. NERVOUS SYSTEM

Any progressive or persistently disabling disorder of the nervous system such as:

- 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 treated with insulin, where group 2 criteria is not met
- 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.

GENERAL

- i) Any impaired function of the spine or any limb which is likely to interfere with the efficient discharge of their 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, they should discuss individual applicants with a Department of Transport Medical Adviser. This service is available by ringing (01792) 783686.



Medical examination report Vision assessment



To be filled in by an optician, optometrist or doctor

1. Please confirm (✓) the scale you are using to express the applicant's visual acuities.
Snellen Snellen expressed as a decimal LogMAR

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

(a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L Yes No

(b) Are corrective lenses worn for driving? Yes No
If No, go to Q3.

If Yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L

(c) What kind of corrective lenses are worn to meet this standard?
Glasses Contact lenses Both together

(d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes No

(e) If correction is worn for driving, is it well tolerated? Yes No
If No, please give full details in Q7.

3. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? Yes No
If Yes, please give full details below.

If formal visual field testing is considered necessary, DVLA will commission this at a later date.

4. Is there diplopia? Yes No

(a) Is it controlled? Yes No

Please indicate below and give full details in Q7.

Patch or glasses with frosted glass Glasses with/without prism Other (if other please provide details)

5. Does the applicant report symptoms of any of the following that impairs their ability to drive? Yes No

Please indicate below and give full details in Q7 below.

(a) Intolerance to glare (causing incapacity rather than discomfort) and/or

(b) Impaired contrast sensitivity and/or

(c) Impaired twilight vision

6. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? Yes No
If Yes, please give full details in Q7 below.

7. Details or additional information

Name of examining doctor or optician undertaking vision assessment

I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration.

Signature of examining doctor or optician

Date of signature

Please provide your GOC or GMC number

Doctor, optometrist or optician's stamp

Applicant's full name

Date of birth



1 Neurological disorders

Please tick ✓ the appropriate boxes
Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)? Yes No

If No, go to section 2, Diabetes mellitus

If Yes, please answer all questions below and enclose relevant hospital notes.

- 1.** Has the applicant had any form of seizure? Yes No
- (a) Has the applicant had more than one seizure episode?
- (b) If Yes, please give date of first and last episode.
First episode
Last episode
- (c) Is the applicant currently on anti-epileptic medication?
If Yes, please fill in the medication section 8, page 6.
- (d) If no longer treated, when did treatment end?
- (e) Has the applicant had a brain scan?
If Yes, please give details in section 9, page 7.
- (f) Has the applicant had an EEG?
If you have answered Yes to any of above, you must supply medical reports.

- 2.** Has the applicant experienced dissociative/'non-epileptic' seizures? Yes No
- (a) If Yes, please give date of most recent episode.
- (b) If Yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving?

- 3.** Stroke or TIA? Yes No
If Yes, give date.
- (a) Has there been a **full** recovery?
- (b) Has a carotid ultrasound been undertaken?
- (c) If Yes, was the carotid artery stenosis >50% in either carotid artery?
- (d) Is there a history of multiple strokes/TIAs?

4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur?

5. Subarachnoid haemorrhage (non-traumatic)?

6. Significant head injury within the last 10 years?

7. Any form of brain tumour?

8. Other intracranial pathology?

9. Chronic neurological disorder(s)?

10. Parkinson's disease?

11. Blackout, impaired consciousness or loss of awareness within the last 10 years?

2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes No

If No, go to section 3, Cardiac

If Yes, please answer all questions below.

- 1.** Is the diabetes managed by: Yes No
- (a) Insulin?
If No, go to 1c
If Yes, please give date started on insulin.
- (b) Are there at least 3 continuous months of blood glucose readings stored on a memory meter or meters?
If No, please give details in section 9, page 7.
- (c) Other injectable treatments?
- (d) A Sulphonylurea or a Glinide?
- (e) Oral hypoglycaemic agents and diet?
If Yes to any of (a) to (e), please fill in the medication section 8, page 6.
- (f) Diet only?

- 2.** (a) Does the applicant test blood glucose at least twice every day? Yes No
- (b) Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)?
- (c) Does the applicant keep fast-acting carbohydrate within easy reach when driving?
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?

- 3.** (a) Has the applicant ever had a hypoglycaemic episode? Yes No
- (b) If Yes, is there full awareness of hypoglycaemia?

4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No

If Yes, please give details and dates below.

- 5.** Is there evidence of: Yes No
- (a) Loss of visual field?
- (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?
If Yes, please give details in section 9, page 7.

- 6.** Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No

If Yes, please give most recent date of treatment.

Applicant's full name

Date of birth

3 Cardiac

a Coronary artery disease

Is there a history or evidence of coronary artery disease? Yes No

If No, go to section 3b, Cardiac arrhythmia

If Yes, please answer all questions below and enclose relevant hospital notes.

1. Has the applicant ever had an episode of angina? Yes No

If Yes, please give the date of the last known attack. DDMMYY

2. Acute coronary syndrome including myocardial infarction? Yes No

If Yes, please give date. DDMMYY

3. Coronary angioplasty (PCI)? Yes No

If Yes, please give date of most recent intervention. DDMMYY

4. Coronary artery bypass graft surgery? Yes No

If Yes, please give date. DDMMYY

5. If Yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below. Yes No

b Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia? Yes No

If No, go to section 3c, Peripheral arterial disease

If Yes, please answer all questions below and enclose relevant hospital notes.

1. Has there been a significant disturbance of cardiac rhythm? (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years? Yes No

2. Has the arrhythmia been controlled satisfactorily for at least 3 months? Yes No

3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Yes No

4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No

If Yes:

(a) Please give date of implantation. DDMMYY

(b) Is the applicant free of the symptoms that caused the device to be fitted?

(c) Does the applicant attend a pacemaker clinic regularly?

c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? Yes No

If No, go to section 3d, Valvular/congenital heart disease

If Yes, please answer all questions below and enclose relevant hospital notes.

1. Peripheral arterial disease? (excluding Buerger's disease) Yes No

2. Does the applicant have claudication? Yes No

If Yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT?

3. Aortic aneurysm? Yes No

If Yes:

(a) Site of aneurysm: Thoracic
Abdominal

(b) Has it been repaired successfully?

(c) Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes.

- cm DDMMYY

4. Dissection of the aorta repaired successfully? Yes No

If Yes, please provide copies of all reports including those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes No

If Yes, please provide relevant hospital notes.

d Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease? Yes No

If No, go to section 3e, Cardiac other

If Yes, answer all questions below and provide relevant hospital notes.

1. Is there a history of congenital heart disease? Yes No

2. Is there a history of heart valve disease? Yes No

3. Is there a history of aortic stenosis? Yes No

If Yes, please provide relevant reports (including echocardiogram).

4. Is there history of embolic stroke? Yes No

5. Does the applicant currently have significant symptoms? Yes No

6. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No

Applicant's full name

Date of birth

DDMMYY

e Cardiac other

Is there a history or evidence of heart failure? Yes No
If No, go to section 3f, Cardiac channelopathies

If Yes, please answer all questions and enclose relevant hospital notes.

1. Please provide the NYHA class, if known.

2. Established cardiomyopathy? Yes No
 If Yes, please give details in section 9, page 7.

3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted? Yes No

4. A heart or heart/lung transplant? Yes No

5. Untreated atrial myxoma? Yes No

f Cardiac channelopathies

Is there a history or evidence of the following conditions? Yes No
If No, go to section 3g, Blood pressure

1. Brugada syndrome? Yes No

2. Long QT syndrome? Yes No
 If Yes to either, please give details in section 9, page 7 and enclose relevant hospital notes.

g Blood pressure

All questions must be answered.
 If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

1. Please record today's best resting blood pressure reading. /

2. Is the applicant on anti-hypertensive treatment? Yes No
 If Yes, please provide three previous readings with dates if available.

/ DDMMYY
 / DDMMYY
 / DDMMYY

3. Is there a history of malignant hypertension? Yes No
 If Yes, please give details in section 9, page 7 (including date of diagnosis and any treatment etc).

h Cardiac investigations

Have any cardiac investigations been undertaken or planned? Yes No

If No, go to section 4, Psychiatric illness
 If Yes, please answer questions 1 to 7.

1. Has a resting ECG been undertaken? Yes No
 If Yes, does it show:
 (a) pathological Q waves?
 (b) left bundle branch block?
 (c) right bundle branch block?
 If Yes to (a), (b) or (c), please provide a copy of the relevant ECG report or comment in section 9, page 7.

Note: If Yes to questions 2 to 6, please give dates in the boxes provided, give details in section 9, page 7 and provide relevant reports.

2. Has an exercise ECG been undertaken (or planned)? Yes No
 DDMMYY

3. Has an echocardiogram been undertaken (or planned)? Yes No
 DDMMYY
 (a) If undertaken, is or was the left ejection fraction greater than or equal to 40%?

4. Has a coronary angiogram been undertaken (or planned)? Yes No
 DDMMYY

5. Has a 24 hour ECG tape been undertaken (or planned)? Yes No
 DDMMYY

6. Has a loop recorder been implanted (or planned)? Yes No
 DDMMYY

7. Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)? Yes No
 DDMMYY

4 Psychiatric illness

Is there a history or evidence of psychiatric illness within the last 3 years? Yes No

If No, go to section 5, Substance misuse
 If Yes, please answer all questions below.

1. Significant psychiatric disorder within the past 6 months? If Yes, please confirm condition. Yes No

2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? Yes No

3. (a) Dementia or cognitive impairment? Yes No
 (b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses?

5 Substance misuse

Is there a history of drug/alcohol misuse or dependence? Yes No

If No, go to section 6, Sleep disorders
 If Yes, please answer all questions below.

1. Is there a history of alcohol dependence in the past 6 years? Yes No

 (a) Is it controlled?
 (b) Has the applicant undergone an alcohol detoxification programme?
 If Yes, give date started: DDMMYY

2. Persistent alcohol misuse in the past 3 years? Yes No

 (a) Is it controlled?

3. Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years? Yes No

 (a) If Yes, the type of substance misused?
 (b) Is it controlled?
 (c) Has the applicant undertaken an opiate treatment programme?
 If Yes, give date started DDMMYY

Applicant's full name

Date of birth

DDMMYY

6 Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness? Yes No

If No, go to section 7, Other medical conditions.

If Yes, please give diagnosis and answer all questions below.

- a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity:

Mild (AHI <15)

Moderate (AHI 15 - 29)

Severe (AHI >29)

Not known

If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 7, Further details.

- b) Please answer questions (i) to (vi) for **all** sleep conditions.

(i) Date of diagnosis: Yes No

(ii) Is it controlled successfully? Yes No

(iii) If Yes, please state treatment.

(iv) Is applicant compliant with treatment? Yes No

(v) Please state period of control:

years months

(vi) Date of last review.

7 Other medical conditions

1. Is there a history or evidence of narcolepsy? Yes No

2. Is there currently any functional impairment that is likely to affect control of the vehicle? Yes No

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes No

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes No

5. Is the applicant profoundly deaf? Yes No

If Yes, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone? Yes No

6. Does the applicant have a history of liver disease of any origin? Yes No

If Yes, is this the result of alcohol misuse? Yes No

If Yes, please give details in section 9, page 7.

7. Is there a history of renal failure? Yes No

If Yes, please give details in section 9, page 7.

8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes No

9. Does any medication currently taken cause the applicant side effects that could affect safe driving? Yes No

If Yes, please fill in section 8, Medication and give symptoms in section 9, page 7.

10. Does the applicant have any other medical condition that could affect safe driving? Yes No

If Yes, please provide details in section 9, page 7.

8 Medication

Please provide details of all current medication including eye drops (continue on a separate sheet if necessary).

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Applicant's full name

Date of birth

9 Further details

Please send us copies of relevant hospital notes. Do not send any notes not related to fitness to drive. Use the space below to provide any additional information.

10 Additional details

Please answer all questions in this section.

Patient's weight

Patient's height

Details of any smoking habits

Number of units of alcohol drunk in an average week.

11 Consultants' details

Please provide details of type of specialists or consultants, including address.

Consultant in

Reason for attendance

Name

Address

Date of last appointment:

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in

Reason for attendance

Name

Address

Date of last appointment:

D	D	M	M	Y	Y
---	---	---	---	---	---

If more consultants seen give details on a separate sheet.

12 Applicant and Doctor declarations

Please complete the declarations on page 11 and 12.

Applicant's full name

Date of birth

D	D	M	M	Y	Y
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Applicant's consent and declaration

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

1. I acknowledge that West Lindsey District Council is not liable for the payment of any medical examination fees – these are the sole responsibility of the applicant.
2. I authorise my Doctor(s) and Specialist(s) to release reports to West Lindsey District Council about my medical condition.
3. I declare that I have checked the details in this medical report and that to the best of my knowledge they are correct.

Applicant signature: Date:



Your full name:

Your address:

..... Postcode:

Date of birth: Phone number:

About your GP/group practice

GP/group name:

Address:

..... Postcode:

Phone number:

About your consultant/specialist (if applicable)

Consultant/specialist name:

Address:

..... Postcode:

Phone number:

Doctor's declaration and details

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

- The applicant's regular medical practitioner who has a full knowledge of their medical history
- or**
- A medical practitioner who has a full knowledge of the applicant's medical history

I certify that

a) I have full knowledge of the applicant's past medical history

and

b) I have this day examined the applicant, who has signed page 11 in my presence and who in my opinion, assessing against the standard required for a DVLA Group 2 licence is

FIT **UNFIT**

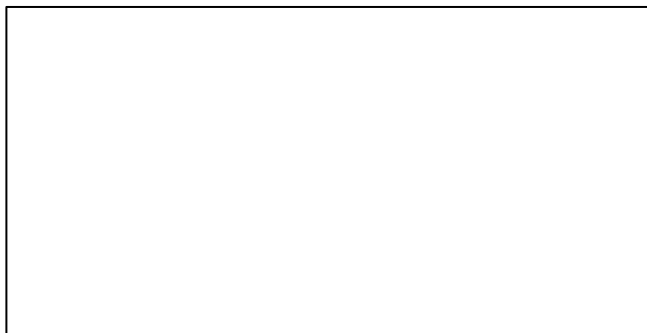
to drive a hackney carriage/private hire vehicle.

Signature of the registered medical practitioner:

GMC registration number: Date:

Name (printed):

Surgery stamp



NOTE FOR MEDICAL PRACTITIONERS

This report is not one which must be issued free of charge as part of the NHS.

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
SA991U

Telephone Number: 01792 761119

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, FinanceTeam@west-lindsey.gov.uk