



**South  
Derbyshire  
District Council**

**MEDICAL CERTIFICATE FOR PRIVATE HIRE DRIVER'S LICENCE**

**Name of applicant**.....

**Address**.....

**Date of Birth**.....

**NOTES**

1. This certificate is for the confidential use of the Licensing Authority. Once complete, please return the form to the applicant who will submit to the Licensing Authority. Any fee charged is payable direct by the applicant to the medical practitioner.
2. Please note that insulin-dependant diabetics are not de-barred from holding a Private Hire Driver's licence provided the medical practitioner considers that the individual can comply with the DVLA C1 exemption rules listed below, and indicates that the individual is fit to drive a Private Hire vehicle. Applicants will be asked to provide evidence that their insurers are aware of their condition and are prepared to cover the risk.
  - You have had no hypoglycaemic event requiring the help of another person in the last 12 months.
  - You must have full awareness of the symptoms of hypoglycaemia.
  - You must be able to show an understanding of the risks of hypoglycaemia and the necessary precautions for safe driving.
  - You must regularly check your blood sugar/glucose levels at least twice daily, even on non-driving days and within 2 hours of the start of the first journey and every 2 hours while driving. This must be done using a blood sugar/glucose meter with a memory function to measure and record blood glucose levels.
  - You must keep a fast acting carbohydrate within reach when driving.
  - You will be required to attend an examination every 12 months with an independent consultant specialising in the treatment of diabetes.
  - You must have at least 3 months of blood sugar/glucose readings available on the memory of your blood sugar/glucose meter for the consultant to inspect. These readings must have been taken whilst treated with insulin.
  - You must have no other debarring medical condition which would make you a danger when driving.
  - You will be required to sign an agreement to comply with the directions of doctors treating your diabetes and immediately report any significant change to your condition to the DVLA.
  - You develop any problems with the circulation or sensation in your legs or feet which makes it necessary for you to drive certain types of vehicles only, for example automatic vehicles, or vehicles with a hand operated accelerator or brake. This must be shown on your driving licence.

	REPLY TO BE WRITTEN IN THIS COLUMN
Has the applicant had any form of seizure?  If yes, please provide details of number of attacks, dates, medication, treatment end date, details of any brain scan, report of any EEG.	Yes / No
Is there a history of blackout or impaired consciousness within the last 5 years?  If yes, please provide dates and details.	Yes / No

<p>Does the applicant suffer from narcolepsy or cataplexy?</p> <p>If yes, please provide dates and details</p>	<p>Yes / No</p>
<p>Is there a history of, or evidence of any of the following conditions?</p> <p>If yes, please provide full details and supply relevant reports.</p> <ul style="list-style-type: none"> <li>a) Stroke or TIA;</li> <li>b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur;</li> <li>c) Subarachnoid haemorrhage;</li> <li>d) Serious traumatic brain injury within the last 10 years;</li> <li>e) Any form of brain tumour;</li> <li>f) Other brain surgery or abnormality;</li> <li>g) Chronic neurological disorders;</li> <li>h) Parkinson's disease.</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Does the applicant have diabetes mellitus?</p> <p>How is the diabetes mellitus treated?</p> <p>If treated by insulin, please provide the date started on insulin.</p> <p>Does the applicant comply with the DVLA C1 exemption listed at note 2?</p> <p>Is there evidence of loss of visual field and/or severe peripheral neuropathy sufficient to impair limb function for safe driving?</p> <p>If yes, please provide details.</p> <p>Has there been laser treatment or intra-vitreous treatment for retinopathy?</p> <p>If yes, please give details of treatment.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Is there a history of, or evidence of, any of the following conditions?</p> <p>If yes, please provide full details including dates, period of stability, where appropriate, consumption and frequency of use and any relevant hospital notes.</p> <ul style="list-style-type: none"> <li>a) Significant psychiatric disorder within the past 6 months;</li> <li>b) Psychosis or hypomania/mania within the past 12 months, including psychotic depression;</li> <li>c) Dementia or cognitive impairment;</li> <li>d) Persistent alcohol misuse in the past 12 months;</li> <li>e) Alcohol dependence in the past 3 years;</li> <li>f) Persistent drug misuse in the past 12 months;</li> <li>g) Drug dependence in the past 3 years.</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Is there a history of, or evidence of any of the following?</p> <p>If yes, please provide full details and any relevant reports.</p> <ul style="list-style-type: none"> <li>a) Coronary artery disease;</li> <li>b) Cardiac arrhythmia;</li> <li>c) Peripheral arterial disease (excluding Buerger's</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

<p>disease);</p> <p>d) Aortic aneurysm/dissection;</p> <p>e) Valvular/congenital heart disease;</p> <p>f) Heart failure;</p> <p>g) Established cardiomyopathy;</p> <p>h) Left ventricular assist device implanted;</p> <p>i) Heart or heart/lung transplant;</p> <p>j) Untreated atrial myxoma;</p> <p>k) Brugada syndrome;</p> <p>l) Long QT syndrome.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Has any of the following been undertaken or planned?</p> <p>If yes, please provide details and the relevant reports.</p> <p>a) Resting ECG;</p> <p>b) Exercise ECG;</p> <p>c) Echocardiogram;</p> <p>d) Coronary angiogram;</p> <p>e) 24 hour ECG tape;</p> <p>f) Myocardial perfusion scan or stress echo study.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Please provide today's best resting blood pressure reading.</p> <p>Is the applicant on anti-hypertensive treatment?</p> <p>If yes, please provide previous 3 readings with dates.</p> <p>Are the blood pressure readings - both systolic and diastolic - normal, having regard to the applicant's age?</p> <p>Is there a history of malignant hypertension?</p> <p>If yes, please provide full details including date of diagnosis and any treatment, etc.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Is there currently any functional impairment that is likely to affect the control of the vehicle?</p>	<p>Yes / No</p>
<p>Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?</p>	<p>Yes / No</p>
<p>Is there any illness that may cause significant fatigue or cachexia that affects safe driving?</p>	<p>Yes / No</p>
<p>Is the applicant profoundly deaf?</p> <p>If yes, do you consider that it would interfere with the efficient performance of the applicant's duties as a private hire driver?</p>	<p>Yes / No</p>
<p>Does the applicant have a history of liver disease of any origin?</p>	<p>Yes / No</p>

Is there a history of renal failure?	Yes / No
Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness?  If yes, please indicate the severity, date of diagnosis, is it controlled successfully, details of any treatment and the applicant's compliance with the treatment and period	Yes / No
Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	Yes / No
Does any medication currently taken cause the applicant side effects that could affect safe driving?  If yes, please provide details of medication and symptoms.	Yes / No
Does the applicant have an ophthalmic condition?	Yes / No
Is the applicant profoundly deaf?  If yes, is the applicant able to communicate in the event of an emergency by speech or by using a device e.g. a text phone?	Yes / No
Does the applicant have a history of liver disease of any origin?	Yes / No
Does the applicant have any other medical condition that could affect safe driving?	Yes / No
Is the applicant in your opinion, generally fit as regards  <ul style="list-style-type: none"> <li>• bodily health</li> <li>• temperament, for the duties of a private hire driver?</li> </ul>	Yes / No
Is there any abnormality present that is not included in the above questions?	Yes / No
Do you consider further examination necessary? Is so, in what period of time?	Yes / No

I certify that I.....

have this day examined.....

and that the answers to the foregoing questions are correct to the best of my knowledge and belief.

I confirm that, at the time of the appointment, the applicant meets the relevant DVLA Group 2 medical standards for vocational drivers.

Signature of qualified and registered Medical Practitioner.....

Printed name.....

GMC Registration Number.....

Address.....

.....

Phone Number.....

Email address.....

Date.....

If you have any queries relating to the completion of this certificate please contact the Licensing Section of South Derbyshire District Council. **Tel: (01283) 595724/595890**

**MEDICAL DECLARATION**

I,.....

confirm that since my medical examination, I am still fit to perform the duties of a Private Hire driver. To my knowledge, I have not developed any medical condition that may affect my ability to drive a Private Hire vehicle.

Signed ..... Date .....