



City of
Stoke-on-Trent

MEDICAL REPORT

MEDICAL IN CONFIDENCE

This Certificate is for the confidential use of the Licensing Authority and will be used in determining an applicants suitability to hold a Hackney Carriage/Private Hire Vehicle driver's licence.

NOTE TO APPLICANT

- Your application must be supported by a valid Medical Report completed by your own GP. Where a third party GP is used you must obtain a copy of your medical history from your own GP and provide it to the doctor examining you.
- Medical reports remain valid for 6 years up to the age of 65. Thereafter they are valid for 1 year.

NOTE TO DOCTOR

The Council has adopted the DVLA Group II medical standard, which applies to heavy goods vehicles (HGV) and public service vehicles (PSV), as the medical standard for Hackney Carriage and Private Hire Vehicle driver licences. Further information is available at www.dvla.gov/at_a_glance/content.htm

If you are not the applicant's own GP you must ensure you have had sight of their medical history before confirming they are fit to drive.

Please answer all questions and tick all boxes. Do not give any further medical information.						
NAME					DOB	
1.	Vision				YES	NO
a	Please state all the visual acuities as measured by the Snellen chart					
	CORRECTED		UNCORRECTED			
	LEFT	RIGHT	LEFT	RIGHT		
b	Is there any loss of the full binocular field of vision? (central and/or peripheral)					
c	Is there uncontrolled diplopia?					
2.	Hypertension					
a	Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic?					
b	If YES, please provide the three most recent readings with dates					
c	If there is treated hypertension does the medication cause any side effects likely to affect safe driving?					
3.	Nervous system					
a	Has the applicant had major or minor epileptic seizure(s)?					
b	Please give date of last seizure					
c	Please give date when treatment ceased					
d	Is there a history of blackout or impaired consciousness within the past 5 years?					
e	Is there a history of sudden disabling dizziness/vertigo within the last 1 year?					
f	Is there a history of chronic and/or progressive neurological disorder, brain surgery, serious head injury or brain tumour, benign or malignant, primary or secondary?					
4.	Diabetes mellitus					
a	Does the applicant have diabetes mellitus?					
	If YES, please answer the following questions. If NO, proceed to SECTION 5. Is the diabetes managed by:-					
b	Insulin?					
c	Oral hypoglycaemic agents and diet?					
d	Diet only?					
e	Is the diabetic control generally satisfactory?					
f	Is there evidence of significant complications such as loss of visual field, laser treatment, severe peripheral neuropathy, impairment of limb function or joint position sense?					

NAME		DOB	
4.	Diabetes mellitus (continued)	YES	NO
g	Are there significant episodes of hypoglycaemia?		
h	Is there loss of warning symptoms of hypoglycaemia?		
5.	Psychiatric illness		
a	Has the applicant suffered from or required treatment for a psychosis in the past 3 years?		
b	Has the applicant required treatment for any other psychiatric disorder within the past 6 months?		
c	Is there confirmed evidence of dementia?		
d	Is there a history of alcohol misuse or alcohol dependency or illicit drug or substance use or dependency in the past 3 years?		
6.	General		
a	Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle?		
b	Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?		
c	Is the applicant profoundly deaf?		
7.	Cardiovascular		
a	Is there a history of Coronary Artery Disease including either Myocardial infarction? Coronary artery by-pass graft? Coronary Angioplasty? Any other Coronary artery procedure?		
b	Is there any history of angina or heart failure?		
c	Have any cardiac investigations including an exercise ECG, angiogram or echocardiograph been undertaken (or planned)?		
d	Has a PACEMAKER, cardiac defibrillator or antivenricular tachycardia device been fitted or implanted?		
f	Is there any history of arrhythmia – intermittent or persistent?		
Is there a history of any of the following:			
g	Aortic aneurysm with a transverse diameter of 5cm or more?		
h	Symptomatic peripheral arterial disease?		
i	Valvular heart disease (with or without surgery)?		
j	Embolism?		
k	Persistent dilation or hypertrophy of either ventricle?		
l	Established cardiomyopathy?		
m	Heart or heart/lung transplant?		
n	Congenital heart disorder?		

NAME		DOB	
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8.	Fitness to Drive	YES	NO
	Having examined the applicant and viewed their medical history I confirm that the applicant meets DVLA group 2 medical standards and is medically fit to drive a Hackney Carriage or Private Hire Vehicle? If not, please give details.		

Comments

Medical Practitioner Details
To be completed by Applicant's General Practitioner

SECTION 8

Name
Address

Surgery Stamp

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I certify that I have reviewed the medical history of the applicant, who has been on my panel for years, and have examined him/her. The answer to the foregoing questions are correct to the best of my knowledge and belief.

Signature of Medical Practitioner Date

Print Name

Applicant's Details
To be completed in the presence of the
applicant's General Practitioner

SECTION 9

Your Name
Your Address

Date of Birth	<table border="1"><tr><td> </td></tr></table>	
Home telephone No	<table border="1"><tr><td> </td></tr></table>	
Work/Daytime No	<table border="1"><tr><td> </td></tr></table>	

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

Signature

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Date

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