

**MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE  
OR PRIVATE HIRE DRIVER'S LICENCE**

**Notes**

1. For the applicant (Part A)

This medical report cannot be issued free of charge as part of the National Health Service. The applicant must pay the Medical Practitioner's fee, unless other arrangements have been made, the Council accepts no liability to pay it. If in doubt as to your fitness, talk to your doctor before the examination. **This Medical must be completed by the applicant's own General Practitioner.**

2. For the Medical Practitioner (Part B):

- (a) When completing this medical report, please have regard to the "Notes for Guidance" in respect of applicants for HGV or PSV Licences (1983 Edition) published by the British Medical Association for doctors conducting these examinations; supplemented, if necessary, by the booklet "Medical Aspects of Fitness to Drive" published by the Medical Commission for Accident Prevention. (1995 Edition)
- (b) Please tick the answers that apply. Use the right-hand margin if you want to add anything or write "see note attached" and use a separate sheet of paper.
- (c) Please read Part 2 Medical Legal Considerations before signing completed form.

**Part A – Information about the applicant**

- 1. Full Name (block capitals): \_\_\_\_\_
- 2. Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone No. \_\_\_\_\_
- 4. Name and address of your present General Practitioner, or of the group practice with which you have been registered for the last 12 months.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_
- 5. I hereby consent to the Licensing Department at Salford Council receiving report from my doctors and specialists about my medical condition.

Applicant's Signature: \_\_\_\_\_

Please sign in the presence of the Medical Practitioner who signs the report.

**Part B – Medical Report**

	Yes	No	Notes
<b>1. Cardiovascular</b>			
(a) Is there any history of cardiac infarction (Coronary Thrombosis), any persistent anginal pain, or any current need of treatment for anginal pain?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Is there any other history, including ECG of Ischaemic heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Is there any history or evidence of arrhythmia (excluding extrasystoles which disappear on effort)?	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Is the blood pressure 200/110 or over?	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Is hypertension treated by medication other than a diuretic or beta blocker?	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Is a cardiac pacemaker fitted?	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Is there a history of current intermittent claudication?	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Is there a history of open heart surgery or vascular Surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>			
<b>2. Endocrine System</b>			
Is the applicant a diabetic treated by insulin injection?	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>			
<b>3. Epilepsy</b>			
Has the applicant suffered any attack of epilepsy since attaining the age of 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>			
<b>4. Nervous System</b>			
(a) Is there any progressive disorder of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Is there any history of one or more transient ischaemic attacks or cerebrovascular accidents?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Is there a history of severe head injury or major craniotomy?	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Is there any hearing defect to the extent of preventing communication by telephone?	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Is there a history of daytime/excessive sleepiness?	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>			
<b>5. Psychiatric Illness</b>			
(a) Is there a history of psychosis?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Is there abuse of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Has the applicant suffered from any mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	

requiring psychotropic medication during the last 6 months?

	Yes	No	Notes
<b>6. Vision</b> (If you do not have the equipment to carry out these checks, then you should refer the applicant to an ophthalmologist or optician.)	<input type="checkbox"/>	<input type="checkbox"/>	
(a) (i) Has the applicant had a cataract removed?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) With correction, is acuity worse than 3/60 (Snellen) in either eye?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Is the visual acuity, using corrective lenses if worn:			
(i) Worse than 6/9 in the stronger or 6/12 in the weaker eye?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) If yes, is it worse than 6/12 or 6/36 respectively? (contact lenses/spectacles are worn) delete as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Has the patient monocular vision?	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Is there double vision or a pathological field defect?	<input type="checkbox"/>	<input type="checkbox"/>	

---

<b>7. Musculoskeletal System</b> Has the applicant any deformity, loss of members, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) that is likely to interfere with the efficient discharge of his or her duties as a vocational driver? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--

---

<b>8. Other Conditions</b> Does the applicant suffer from any other disease, disability or take medication not mentioned above which is likely to interfere with the efficient discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--

---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (in block capitals): \_\_\_\_\_  
REGISTERED MEDICAL PRACTITIONER  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

PLEASE STAMP WITH PRACTICE ADDRESS

**MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE  
OR PRIVATE HIRE VEHICLE DRIVER'S LICENCE**

**To: Salford City Council  
Licensing Section  
Civic Centre  
Chorley Road  
Salford  
M27 5AW  
Email: [licensing@salford.gov.uk](mailto:licensing@salford.gov.uk)**

I: \_\_\_\_\_ hereby certify that I have today  
examined: \_\_\_\_\_  
date of birth: \_\_\_\_\_  
address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

and confirm that this person is:

**Fit**

**Unfit**

To undertake the duties of a Hackney Carriage / Private Hire Driver.

Do you believe this person requires another medical in order to perform his duties before the statutory 6 years elapses (12 months for over 65's)

**Yes**

**No**

I also confirm that I am his/her General Practitioner and he/she has been registered with me since:

In assessing the applicant's medical fitness I have taken regard of the "Notes for Guidance" in respect of applicants for HGV or PSV Licence (1983 Edition) published by the British Medical Association for Doctors conducting these examinations, supplemented if necessary by the booklet "Medical Aspects of Fitness to Drive" published by the Medical Commission for Accident Prevention.

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form must be returned with the completed medical report. All information is**

**treated in the strictest confidence.**

## **Doctors' Liability in Certifying Fitness to Drive**

The responsibility for determining the fitness to drive of an individual rests with the DVLA. All licence holders have a responsibility to inform the DVLA if they develop a medical condition or if an existing one worsens which may affect their fitness to drive. Doctors may be asked to provide a report for the DVLA but this will not include an opinion on the patient's fitness to drive.

The DVLA has the statutory responsibility for certifying individuals as fit to drive Group II. Doctors are required to undertake no more than the examination and completion of form D4. The form does not ask for an opinion on fitness to drive.

The responsibility for licensing taxi and hire car drivers, to comply with local requirement, rests with the local traffic authority. Taxis and hire cars are not PCVs under the provisions of the Passenger Vehicles Act 1981, and doctors may be asked to certify fitness to drive for the Local Authority. Doctors may also be asked by their patients to provide a certificate of fitness to drive for an insurance company. These fall outside the NHS and may attract a fee.

Doctors providing certificates for local authorities and insurance companies, where they know of no medical condition that would render the patient unfit to drive, should be aware of a potential liability.

Third party motor insurance damages are compulsorily payable by insurers who can reclaim costs from others who are negligent. A doctor certifying a person as fit, without due care and skill, or contrary to national guidelines, could be found to be negligent and be held liable for the costs incurred by the motor insurer.

Doctors facing allegations of this nature may look to their defence organisations in the usual way to provide discretionary indemnity.

### **CONFIDENTIALITY**

All doctors owe their patients a duty of confidentiality. This duty may be enforced by the General Medical Council (GMC). Difficulties may arise when a doctor feels the need to breach confidentiality in the public interest and this may occur, particularly with regard to fitness to drive.

The GMC recognises that on rare occasions a doctor may breach confidentiality in the public interest where failure to do so may place the patient or some other person at risk of serious harm or death. In the first instance, the doctor should advise the patient to inform the DVLA of any condition, or deterioration in an existing condition, which may affect the patient's fitness to drive. However, it may come to the doctor's attention that the patient may have failed to do so or may continue to drive contrary to the doctor's advice, pending a determination by the DVLA.

The patient should be challenged, and where appropriate, advised that the doctor will inform the DVLA directly. Only in exceptional circumstances will the doctor inform the DVLA without first warning the patient and/or on the basis that the source of the information will not be revealed by the DVLA to the patient.

The doctor might become aware that a patient's licence has been revoked by the DVLA, but that he continues to drive. It may then be appropriate for the doctor to inform the local police.

Doctors should only breach confidentiality in good faith and after careful thought. Members of a defence organisation are recommended to discuss such cases with a medico-legal adviser in advance.

Notwithstanding the above, when a patient has a serious medical condition likely to make them a danger to themselves and others if they drive, the doctor should confidentially inform the DVLA Medic Adviser without delay (Telephone No. 01792 783 686) where the condition of the patient is such that they are unable or unlikely to be able to notify DVLA, e.g. demented or psychotic patients.