HULL CITY COUNCIL
MEDICAL EXAMINATION REPORT

Medical Report on an applicant for a licence to drive a hackney carriage or private hire vehicle in accordance with DVLA medical standard for LGV and PCV Group 2 entitlement

- All applicants for a hackney carriage or private hire driver's licence **MUST** submit this Medical Report form completed by **any** Registered Medical Practitioner to the Licensing Section.
- A medical examination report must be submitted to the Licensing Section **no more than 28 days** from date of signature. Any report that is submitted after this period will be considered **invalid**.
- All existing drivers must have a Medical every 5 years until the age of 65. From the age of 65 an annual medical is required.

A WHAT YOU HAVE TO DO

1. **BEFORE** consulting a registered Medical Practitioner or please read the notes at **Section C, paragraphs 1, 2, and 3. ("Medical standards for drivers of Hackney Carriages and Private Hire Vehicles").** If you have any of these conditions, a licence may be refused or revoked.

2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult a registered Medical Practitioner/Optician **BEFORE** you arrange for this medical form to be completed. A registered Medical Practitioner will normally charge you for completing it. In the event of your application being refused, the fee you pay the registered Medical Practitioner is **NOT** refundable. Hull City Council has **NO** responsibility for the fee payable to the registered Medical Practitioner.

3. Fill in **Section 1 AND Section 9** on **pages 3 and 13** of this report in the presence of the Doctor carrying out the examination.

B WHAT THE REGISTERED MEDICAL PRACTITIONER HAS TO DO

1. **Please arrange for the patient to be seen and examined**

2. Please complete sections 2-8 and 10 of the report. You may find it helpful to consult the DVLA's "At a Glance" and the Medical Commission on Accident Prevention booklet - "Medical Aspects of Fitness to Drive".

3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition, which could affect driving and they hold either a Hackney Carriage or Private Hire Driver's Licence, they must inform the Head of Citysafe at the Licensing Section, 33 Witham, Hull HU9 1DB.

4. **PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE SECTIONS**

IF THIS REPORT DOES BRING OUT IMPORTANT CLINICAL DETAILS WITH RESPECT TO DRIVING, PLEASE GIVE DETAILS IN SECTION 8

C MEDICAL STANDARDS FOR DRIVERS OF HACKNEY CARRIAGES AND PRIVATE HIRE VEHICLES

Medical standards are for drivers of Hackney Carriages and Private Hire Vehicles are higher than those required for other car driver's in accordance with DVLA medical standard for LGV and PCV Group 2 entitlement

1. EPILEPTIC ATTACK

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. The Licensing Section is likely to refuse or revoke the licence if these conditions cannot be met.

2. DIABETES

Group 2 Drivers **MUST** have full awareness of hypoglycaemia. Please see the DVLA assessing fitness to drive – a guide for medical professionals.

3. EYESIGHT

All applicants, for whatever category of vehicle, 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, they must be worn while driving. In addition:

(i) APPLICANTS MUST HAVE

- **A VISUAL ACUITY OF AT LEAST 6/7.5 IN ONE EYE; AND**
- **A VISUAL ACUITY OF AT LEAST 6/60 IN THE OTHER EYE; AND**
- **IF THESE ARE ACHIEVED BY CORRECTION THE UNCORRECTED VISUAL ACUITY IN EACH EYE MUST BE NO LESS THAN 3/60.**

(II) A LICENCE WILL ALSO BE REFUSED OR REVOKED IF AN APPLICANT:-

- **HAS UNCONTROLLED DIPLOPIA (DOUBLE VISION)**
- **DOES NOT HAVE A NORMAL BINOCULAR FIELD OF VISION**

4. OTHER MEDICAL CONDITIONS

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:-

- Within 3 months of myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty
- 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
- A stroke, or TIA within the last 12 months
- Unexplained loss of consciousness within the past 5 years
- Meniere's and other conditions causing disabling vertigo, within the past 1 year, and with a liability to recur
- Recent severe head injury with serious continuing after effects, or major brain surgery
- 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 dependence or misuse, or persistent drug or substance misuse or dependence in the past 3 years
- ❖ Insuperable difficulty in communicating by telephone in an emergency
- ❖ Any other serious medical condition which may cause problems for road safety when driving a Hackney Carriage or Private Hire Vehicle
- ❖ If major psychotropic or neuroleptic is being taken
- ❖ Any malignant condition within the last 2 years likely to metastasise to the brain.

SECTION 1

Applicant's Details

To be completed in the presence of the Medical Practitioner carrying out the examination

Your Name	*Date of Birth*	
Your Address	*Home Telephone No.*	
	Work/Daytime No.	

About your GP

GP
Address
Telephone No.

Please give name and address of any consultant you are currently under

Consultant's Name
Address
Telephone No.

Date last seen	

Section 2

Medical Examination

To be completed by a registered medical practitioner, who has access to a summary of the patients information. (*please use black ink*)

Please answer all questions

Please give patient's weight ☐ **(kg/st)** **And Height** ☐ **(cms/ft)**

Please give details of smoking habits, if any ☐

Please give number of alcohol units taken each week ☐

SECTION 1 Vision (Please see **EYESIGHT NOTES** 3(i) to 3(ii) on page 2)

		YES	NO
1.	Is the visual acuit as measured by the Snellen chart **AT LEAST** 6/9 in the better eye and **AT LEAST** 6/12 in the other? (corrective lenses may be worn).	☐	☐
2.	Do corrective lenses have to be worn to achieve this standard?	☐	☐
	*(a) If yes: is the **UNCORRECTED** acuity **AT LEAST** 3/60 in the **RIGHT** eye?*	☐	☐
	*(b) Is the **UNCORRECTED** acuity **AT LEAST** 3/60 in the **LEFT** eye? (3/60 being the ability to read the 6m line of the Snellen chart at 3 metres)*	☐	☐
	(c) Is the correction well tolerated?	☐	☐

3. Please state all the visual acuities for all applicants:

	UNCORRECTED			**CORRECTED** (*if applicable*)		
Right	☐	Left	☐	Right	☐	Left	☐

		YES	NO
4.	**Is there a full binocular field of vision?** (central and peripheral)	☐	☐
	*(a) If **NO**, and there is a visual field defect please give details in **SECTION 8** and enclose a copy of recent field charts, if possible.*		
5.	**Is there** uncontrolled diplopia?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		
6.	Does the applicant have any other ophthalmic condition?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		

SECTION 3 Nervous System

		YES	NO
1.	Has the applicant ever had any form of epileptic attack?	☐	☐
	*(a) If **YES**, please give date of last attack* ☐		

(b) *If treated, please give date when treatment ceased* ☐

2. Is there a history of blackout or impaired consciousness within the last 5 years? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

3. Is there a history of stroke of TIA within the past 5 years? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

4. Is there a history of sudden disabling dizziness/vertigo? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

5. Has there been an episode of sudden disabling dizziness/vertigo within the last year with a liability to recur? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

6. Does the patient have a pathological sleep disorder? ☐ ☐

(a) *If **YES**, has it been controlled successfully? Please give details in **SECTION 8*** ☐ ☐

7. Is there a history of chronic and/or progressive neurological disorder? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

8. Is there a history of brain surgery? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

9. Is there a history of serious head injury? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

10. Is there a history of brain tumour, either benign or malignant, primary or secondary? ☐ ☐

(a) *If **YES**, please give date(s) and details in **SECTION 8***

SECTION 4 Diabetes Mellitus

	YES	**NO**
1. Does the applicant have diabetes mellitus?	☐	☐

*If **YES**, please answer the following questions.*

*If **NO**, proceed to **SECTION 5***

2. Is the diabetes managed by:

   (a) Insulin? ☐ ☐

   *(b) If **YES**, date started on insulin* ☐

   (c) Oral hypoglycaemic agents and diet? ☐ ☐

   (d) Diet only? ☐ ☐

3. Is the diabetic control generally satisfactory? ☐ ☐

   Is there evidence of:-

   (a) Loss of visual field? ☐ ☐

   (b) Has there been bilateral laser treatment? ☐ ☐

   *If **YES**, please give date* ☐

   (c) Severe peripheral neuropathy? ☐ ☐

   (d) Significant impairment of limb function or joint position sense? ☐ ☐

   (e) Significant episodes of hypoglycaemia? ☐ ☐

   (f) Complete loss of warning symptoms of hypoglycaemia? ☐ ☐

   If YES to any of the above, please give details in SECTION 8 ☐ ☐

SECTION 5 Psychiatric Illnesses

	YES	**NO**
1. Has the applicant suffered from or required treatment for a <u>psychotic illness</u> in the past 3 years?	☐	☐
*(a) If **YES**, please give dates and details in **SECTION 8***		
2. Has the applicant required treatment for any other significant psychiatric disorder within the past 6 months?	☐	☐
*(a) If **YES**, please give dates, details of medication and period of stability in **SECTION 8***		

3. Is there any evidence of dementia or cognitive impairment? ☐ ☐

*(a) If **YES**, please give details in **SECTION 8***

4. Is there a history or evidence of alcohol misuse or alcohol dependence in the past 3 years? ☐ ☐

5. Is there a history of persistent drug or substance misuse or dependence in the past 3 years? ☐ ☐

*(a) If **YES**, to questions 4 or 5, please give details in **SECTION 8***

SECTION 6 General

	YES	NO
1. Has the applicant **currently** a significant disability of the spine or limbs which is likely to impair control of the vehicle?	☐	☐
*(a) If **YES**, please give details in **SECTION 8***		
2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?	☐	☐
*(a) If **YES**, please give dates and diagnosis and state whether there is current evidence of dissemination*		
3. Is the applicant profoundly deaf?	☐	☐
*(a) If **YES**, could this be overcome by any means to allow a telephone to be used in an emergency?*	☐	☐
4. Is the applicant taking any regular medication, at present, which might impair the ability to drive?	☐	☐
*(a) If **YES**, please give details in **SECTION 8***		

SECTION 7 Cardiac

A. Coronary Artery Disease

Is there a history of:-	YES	NO
1. Myocardial infarction?	☐	☐
*(a) If **YES**, please give date(s)*		

2. Coronary artery by-pass graft? ☐ ☐

*(a) If **YES**, please give date(s)* ☐

3. Coronary Angioplasty? ☐ ☐

*(a) If **YES**, please give date(s)* ☐

4. Any other Coronary artery procedure? ☐ ☐

*(a) If **YES**, please give details in **SECTION 8***

5. Has the applicant suffered from Angina? ☐ ☐

*(a) If **YES**, please give the date of the last attack* ☐

6. Has the applicant suffered from Heart Failure? ☐ ☐

*(a) If **YES**, is the applicant **STILL** suffering from Heart Failure or only remains controlled by the use of medication?* ☐ ☐

7. Has a resting ECG been undertaken? If **NO** proceed to question 8 ☐ ☐

*(a) If **YES**, please give date* ☐

(b) Does it show pathological Q waves? ☐ ☐

(c) Does it show Left Bundle branch block? ☐ ☐

8. Has an exercise ECG been undertaken (or planned)? ☐ ☐

*(a) If **YES**, please give date* ☐ *and give details in **SECTION 8***

A copy of the exercise test result/report (if done in the last 3 years) would be useful

9. Has an angiogram been undertaken (or planned)? ☐ ☐

*(a) If **YES**, please give date* ☐ *and give details in **SECTION 8***

B. Cardiac Arrhythmia

		YES	NO
1.	Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years	☐	☐
	*If **YES**, please give details in **SECTION 8***		
	*If **NO**, proceed to **SECTION C***		
2.	Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during riving within the past 2 years?	☐	☐
3.	Has Echocardiography been undertaken?	☐	☐
4.	*Has an exercise test been undertaken?*	☐	☐
	*(a) If **YES**, please give date* ☐ *and give details in **SECTION 8***		
	A copy of the exercise test result/report (if done in the last 3 years) would be useful	☐	☐
5.	**Has a <u>Cardiac defibrillator</u> or antiventricular tachycardia device been implanted?**	☐	☐
6.	**Has a PACEMAKER been implanted?**	☐	☐
	If **NO**, proceed to **SECTION C**		
	*(a) If **YES**, was it implanted to prevent Bradycardia?*	☐	☐
	(b) Is the applicant continuing to suffer from sudden and/or disabling symptoms?	☐	☐
	(c) Does the applicant attend a pacemaker clinic regularly?	☐	☐

C. Other Vascular Disorders

		YES	NO
1.	Is there a history of Aortic aneurysm (thoracic or abdominal) with transverse diameter of 5 cms or more?	☐	☐
	*If **NO**, proceed to **SECTION D***		
	*(a) If **YES**, has the aneurysm been successfully repaired?*	☐	☐
2.	Has there been dissection of the Aorta?	☐	☐
3.	Is there a history or evidence of peripheral vascular disease?	☐	☐

(a) *If **YES**, please give details in **SECTION 8***

D. Blood Pressure

		YES	NO
1.	Does the patient suffer from hypertension requiring treatment?	☐	☐
	(a) *If **YES**, is the systolic pressure consistently greater than 180?*	☐	☐
	(b) *Is the diastolic pressure consistently greater than 100?*	☐	☐
	(c) *Does the hypertensive treatment cause any side effects likely to affect driving ability?*	☐	☐
2.	Is it possible that your patient suffers from hypertension but as yet the diagnosis is not definitely established?	☐	☐
	(a) *If **YES**, please supply last 3 readings and dates obtained*	☐	☐

E. Valvular Heart Disease

		YES	NO
1.	Is there a history of acquired valvular heart disease (with or without surgery)?	☐	☐
	(a) *If **NO**, proceed to **SECTION F***	☐	☐
2.	Is there any history of embolism? (not pulmonary embolism)	☐	☐
	(a) *If **YES**, please give details in **SECTION 8***		
3.	Is there persistent dilatation or hypertrophy of either ventricle?	☐	☐
	(a) *If **YES**, please give details in **SECTION 8***		

F. Cardiomyopathy

		YES	NO
1.	Is there established cardiomyopathy?	☐	☐
2.	Has there been a heart/lung transplant?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		

G. Congenital Heart Disorders

		YES	NO
1.	Is there a congenital heart disorder?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		
	*(b) If **YES**, is it **currently** regarded as minor*	☐	☐
H.	Is the patient in the care of a Specialist cardiac clinic?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		
I.	Does the patient suffer from sleep apnoea?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		
J.	Does the patient have any past history of sleep apnoea?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		
K.	Is the patient unusually drowsy of sleepy during the day?	☐	☐
	*(a) If **YES**, please give details in **SECTION 8***		

Please remember to complete SECTION 8 if you have answered YES to any question

SECTION 8

Please include any relevant test results

Section & Question Number	Details

SECTION 9

Applicant's Consent and Declaration

Applicants Name (please print)…….

Address…….

……...

Date of Birth…….

Consent and Declaration

This section **MUST** be completed and must **NOT** be altered in any way:

Please sign statements below.

I authorise the Doctor(s) and Specialist(s) to release reports to the Medical Adviser of Hull City Council about my medical condition.

I authorise Hull City Council to divulge relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiries into my fitness to drive.

I authorise the doctor who is undertaking this medical examination to contact my previous doctor's surgery to obtain any records that may help in determining my fitness to drive.

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

Signature: | **Date:**

NOTE ABOUT CONSENT

You will see that we have asked for your consent, not only for the release of medical reports from your doctors, but also that we might in turn very occasionally release medical information to Doctors and Paramedical staff, either because we wish you to be examined, and the doctors need to know the medical details, or because we require further information.

SECTION 10

Medical Practitioner Declaration

to be completed by Doctor carrying out the examination

I CERTIFY that in my opinion the **applicant** is **FIT* / UNFIT*** **(*please delete as necessary)** to drive a Hackney Carriage or Private Hire Vehicle in accordance with DVLA medical standard for LGV and PCV **Group 2 entitlement.**

Doctors Details	**Surgery Stamp**
Name	
Address	

Signature of Medical Practitioner undertaking medical:		**Date:**	

Upon declaring the applicant FIT or UNFIT, it is essential that FIT or UNFIT is deleted as appropriate. Failure to do so will result in the Licensing Section considering this an invalid Medical Examination report.

Please note it is an offence for the person completing this form to make a false statement or omit any relevant details.