

COPELAND BOROUGH COUNCIL

MEDICAL CERTIFICATE ASSOCIATED WITH APPLICATION FOR A LICENCE TO
DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Name of Applicant

Address

.....

Date of Birth

Note: (1) This certificate is for the confidential use of the Licensing Authority and Medical Practitioners are asked to be good enough to forward it under cover to the address overleaf. Any fee charged is payable direct by the applicant to the Medical Practitioner.

Note: (2) The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid.

Note: (3) Special attention is directed to the condition of the arms, hands, legs and particularly to the joints of the upper and lower extremities.

Note: (4) A licensee is examined at such intervals as may be determined by the Licensing Authority.

Reply to be written in this column	
1. Is this application to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect his/her efficiency as a driver of a hackney carriage or private hire vehicle?	
2. Does he/she suffer from any heart or lung disorder or defect which might interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver?	
3. Are the blood pressure readings – both Systolic and Diastolic – normal, having regard to the applicant’s age? If not, do you consider that the abnormal blood pressure would be likely to affect his/her competence as a hackney carriage or private hire vehicle driver?	
4. (a) Is there any defect of vision? If so, please give details (see note 2) (b) If the reply to (a) is in the affirmative, give acuity of vision by Snellens Test type with and without glasses and answer the following: - (i) Was the test conducted with the applicant’s own glasses, or (ii) Have suitable glasses been prescribed? (iii) Do you consider that the applicant should wear glasses when driving? (iv) Is the applicant’s field of vision by hand test satisfactory?	(a) (b) R.E. L.E Without Glasses R.E L.E With Glasses (if applicable) (i) (ii) (iii) (iv)

(v) Is the colour vision normal? (vi) Does the applicant suffer from a squint or any other visual defect which could affect his fitness to drive a motor vehicle? (vii) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a motor vehicle?	(v) (vi) (vii)
5. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a hackney carriage or private hire vehicle driver?	
6. (i) Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver? (see note 3).	(i) (ii)
7. Is the applicant sufficiently active for the performance of his/her duties?	
8. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?	
9. Is the applicant in your opinion, generally fit as regards <u>bodily health</u> and <u>temperament</u> , for the duties of a hackney carriage or private hire vehicle driver?	
10. Is there any abnormality present that is not included in the above questions?	
11. Do you consider further examination necessary? If so, in what time period?	

To: Copeland Borough Council, Whitehaven Commercial Park, Moresby Parks, Whitehaven, Cumbria, CA28 8YD - FAO Admin Support Officer

- **I am/am not the Applicant's G.P.**
- **I have/have not consulted the Applicant's medical records whilst carrying out this medical.**

I certify I have this day examined

The answers to the foregoing questions are correct to the best of my knowledge and belief and I consider the applicant ***FIT/UNFIT** to act as a driver of a hackney carriage or private hire vehicle.

Signature of qualified and Registered Medical Practitioner

PLEASE INSERT SURGERY STAMP

Address * Delete as necessary
Date