Transport for London

London Taxi and Private Hire

TPH/204

Medical Declaration

Transport for London (TfL), the Licensing Authority, needs to be satisfied that all licensed London taxi and Private Hire vehicle drivers are medically fit. In assessing an individual's medical fitness, TfL has decided to be guided by the DVLA Group 2 standards.

This form should be taken to a registered medical practitioner who has access to your full medical records, typically your GP, for completion. If it is not completed by someone who has access to your full medical records this could lead to delays in the processing of your application. It is your responsibility to ensure that all your medical conditions (if any) are declared to the medical practitioner completing this form. Please be aware that you will be required to undergo a physical examination whilst this form is being completed.

This medical report is for the confidential use of TfL.

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. TfL accepts no liability to pay it.

If you possess a valid DVLA Group 2 licence or are already licensed by TfL as either a taxi or PHV driver and are now applying for the other licence, you do not need to have this form completed, unless this form has been requested to confirm your age related fitness. You are required to declare all medical conditions to the registered practitioner for the purpose of assessing your fitness to hold a taxi or PHV Driver licence.

On completion, this form should be returned to:

TFL London Taxi & Private Hire
PO Box 177
Sheffield
S98 1JY

Further information may be requested from you should it be required in order to determine your medical fitness.

TfL recommends that all individuals take a photocopy of this form once it is completed for their own record before submitting the original.

This page is to be **fully** completed by Applicant/Driver

Restricted when completed

A - Personal Details

A1 Surname

A2 Forename(s)

A3 Date of Birth

D D M M Y Y Y Y

A4 Current Address

Postcode

Rest of address

B - Registered NHS GP Details

B1 Name of Registered NHS GP

B2 Address

Postcode

Premises number

Rest of address

C - Applicant/Driver Consent and Declaration

Privacy Notice

Transport for London (TfL) its subsidiaries and service providers will use your personal information (including any references to your health, ethnic origin, nationality, or previous criminal convictions), for the purpose of assessing your application, administering the licensing regime and equal opportunities monitoring. We will also provide you with information relating to the licensing and regulation of taxi and private hire services in London. Your personal information will be properly safeguarded and processed in accordance with the requirements of privacy and data protection legislation.

Your name, badge/licence number and the status, start/expiry date of your licence may be made available on request or on a register for public inspection. If you have licensed a vehicle; the vehicle registration mark, licence number and expiry date may also be made available in the same way.

We may share your information with, or receive information from, the Driver and Vehicle Licensing Agency (DVLA), Home Office Immigration Enforcement, Department for Work and Pensions (DWP), Motor Insurer's Bureau (MIB), Driver and Vehicle Standards Agency (DVSA), local authorities and other relevant organisations, including private hire operators, for the purposes of assessing your application or continuing fitness to hold a licence. In certain circumstances, TfL may also share your personal information with the police and other agencies for the purposes of the prevention and detection of crime. For more information see www.tfl.gov.uk/privacy

Consent and Declaration

I hereby consent to Transport for London (TfL) and their medical advisers processing personal data relating to my medical conditions for the purpose of assessing my fitness to hold a taxi or PHV Driver licence. I also give consent for my doctors and specialists to provide TfL with any data they require in relation to this application.

I declare that all information provided on this medical form is true and correct to the best of my knowledge. I understand that the issue of a licence in respect of this medical can be refused and any licence can be revoked if any statements are subsequently found to be false. I undertake to keep TfL informed of any changes to any details supplied in this form, and I am aware that failure to do so will constitute a breach of my licence condition and may lead to the possible revocation and suspension of my licence.

Signature

Date D D M M Y Y Y Y

TfL recommends that all individuals take a photocopy of this form once it is completed for their own record before submitting the original.

D - Medical Conditions - to be completed by Medical Practitioner

Sections D - F must be completed by a Medical Practitioner who should:

- **Have access to the individual's full medical records.**
- **Conduct a physical examination in person when completing this form.**
- **Each page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date.**
- **Answer all the relevant questions and provide copies of any reports.**
- **Consult the DVLA's publication 'Assessing fitness to drive: A guide for medical professionals'**

https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals

- **Write inside the boxes - use BLOCK CAPITAL letters and black ink.**
- **If you make a mistake, please cross it out (initial it) and write the correct information underneath.**
- **Do not use correction fluid - Ensure that a response is provided for every question, unless specifically directed to the contrary.**

Regulations state that taxi and PHV drivers must satisfy TfL that they are medically fit to hold a driver's licence. In assessing whether an applicant is medically fit, TfL will have regard to the medical standard that would apply in relation to a DVLA Group 2 licence.

If you answer 'Yes' to ANY of the questions on this medical form, you must consult the DVLA's publication 'Assessing fitness to drive: a guide for medical professionals' and provide ALL the relevant information required for the condition(s) in accordance with the requirements of a Group 2 licence entitlement.

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

1 Cardiovascular disease/procedure

Does the applicant have a history of:

	Yes	No
(a) Acute Coronary Syndrome including Myocardial infarction		
If 'Yes', please provide date(s):	D D M M Y Y Y Y	
(b) Coronary artery by-pass graft (CABG)		
If 'Yes', please provide date(s):	D D M M Y Y Y Y	
(c) Percutaneous Coronary Intervention (P.C.I,) (Angioplasty)		
If 'Yes', please give date of most recent intervention:	D D M M Y Y Y Y	
(d) Angina		
If 'Yes', please give date of the last know attack:	D D M M Y Y Y Y	
(e) Heart failure		
(f) Implantable Cardioverter Defibrillator (ICD)		
(g) Cardiac Pacemaker		
(h) Any other coronary artery disease/procedure		
(i) Cardiac arrhythmia		
If 'Yes', when was the last recorded occurrence? AND complete question 2(c)	D D M M Y Y Y Y	
(j) Peripheral arterial disease		

2 Cardiac investigations

	Yes	No
(a) Has the applicant undergone an exercise ECG test		
If 'Yes'. please give date and provide full details in section **E:**	D D M M Y Y Y Y	
(b) Has the applicant undergone a myocardial perfusion scan or stress echo study		
If 'Yes'. please give date and provide full details in section **E:**	D D M M Y Y Y Y	
(c) Has the applicant had an LVEF reading taken?		
Please provide the reading (e.g. 40% or 0.4):		
Please provide the date reading was taken AND provide full details in section **E:**	D D M M Y Y Y Y	

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

GP's signature

Surgery Stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

3 Other Cardiovascular disease/procedure

Does the applicant have a history of:

	Yes	No
(a) Aortic aneurysm		
If 'Yes'. please provide the following:		
(i) Site of aneurysm **Thoracic** ☐ **Abdominal** ☐		
(ii) Has it been successfully repaired?		
(iii) Please provide size of aortic diameter..... and date obtained: D D M M Y Y Y Y		
(b) Dissection of the aorta		
If 'Yes'. please provide copies of all reports to include those dealing with any surgical treatment		
(c) Hypertension		
(d) Systolic reading consistently above 180/diastolic reading consistently above 100		
(e) Please provide a current blood pressure reading		
(f) Cardiomyopathy		
If 'Yes'. please state which type: ..... AND provide full details in section **E**		
(g) Congenital heart disorders		
(h) Any other cardiac condition(s) not listed above		

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

4 Musculoskeletal

Does the applicant have a history of:

	Yes	No
(a) Does the applicant have any deformity or physical disability (with special attention paid to the conditions of the arms, legs, hands and joints)		
(b) Is this likely to interfere with efficient discharge of his or her duties as a vocational driver		

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

GP's signature

Surgery Stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

5 Diabetes Mellitus

		Yes	No
(a) Does the applicant have diabetes mellitus?			
If 'No', please continue to question 6 If 'Yes', is it managed by:			
(i)	Diet alone		
(ii)	Oral hypoglycaemic agents not likely to cause hypoglycaemia (including metformin)		
(iii)	Oral hypoglycaemic agents with potential to cause hypoglycaemia including gliptins, sulphonyurea, glinides, exenatide, and/or others		
	If 'Yes' please give date started on agents and complete **ALL** of question (b) below	D D M M Y Y Y Y	
(iv)	Insulin		
	If 'Yes' please give date started insulin and complete **ALL** of question (b) below	D D M M Y Y Y Y	

(b) Diabetic history

		Yes	No
(i)	During the past 12 months prior to the date of the licence application, has the applicant had a hypoglycaemic episode requiring the assistance of another at any time **(If 'Yes' please provide further details in Section E)**		
		No	Yes
(ii)	Does the applicant have a history of responsible diabetic control **(If 'No' please provide further details in Section E)**		
		No	Yes
(iii)	Does the applicant have good hypoglycaemic awareness **(If 'No' please provide further details in Section E))**		
		No	Yes
(iv)	As far as you know, is the applicant adherent to treatment protocols, twice daily blood sugars measurements and at times relevant to driving **(If 'No' please provide further details in Section E)**		
		No	Yes
(v)	Is the applicant at minimal risk (i.e. Low risk) of hypolglycaemic attack resulting in incapacity **(If 'No' please provide further details in Section E)**		
		Yes	No
(vi)	Does the applicant have any complications of diabetes which may interfere with driving **(If 'Yes' please provide further details in Section E)**		

GP's signature

Surgery Stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

6 Neurological

Does the applicant have a history of:

	Yes	No
(a) Seizure/Epileptic attack and/or having taken anti-convulsant/epileptic medication in the last 10 years		
(b) A first unprovoked epileptic seizure/solitary fit within the last 5 years		
(c) Blackout/Impairment of Consciousness		
(d) Stroke/TIA		
If 'Yes', please give the date **and** complete ALL the questions below:	D D M M Y Y Y Y	
(i) Has there been a **full** recovery?		
(ii) Is there any debarring residual impairment that would affect safe driving?		
(iii) Any other significant risk factors?		
(iv) Is there any imaging evidence of less than 50% carotid atery stenois?		
(v) Has exercise/functional testing been undertaken? If 'Yes', please ensure you complete **question 3** of this form (on page 4)		
(e) Sudden Disabling Dizziness/Vertigo		
(f) Pathological Sleep Disorder		
(g) Chronic and/or Progressive Neurological Disorder		
(h) Brain Surgery		
(i) Traumatic Brain Injury		
(j) Brain Tumour		

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

GP's signature

Surgery Stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor/optician's signature, surgery/optician stamp and date

Restricted when completed

7 Vision

Important information for doctors
Please read the information below. In order to complete the following questions you may wish to refer the applicant to an optician or optometrist to ensure all questions can be answered accurately.

Requirements

- **a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye**
- **a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the other eye**
- **this may be achieved with or without glasses or contact lenses**
- **3 metre readings must be converted to the 6 metre equivalent**
- **If glasses are worn (not contact lenses) to meet the minimum standards, they should have a corrective power of < + 8 dioptres.**
- **Complete loss of vision in one eye is a bar to licensing**

	Uncorrected Visual Acuity	Corrected Visual Acuity	Prescription
Left	6/	6/	
Right	6/	6/	

(a) Does the applicant use corrective lens? Yes ☐ No ☐

If **Yes,** glasses ☐ contact Lenses ☐ both together ☐

(b) Does the applicant have a normal binocular field of vision? No ☐ Yes ☐

(c) Does the applicant have uncontrolled diplopia? Yes ☐ No ☐

(d) Does the applicant have any other ophthalmic condition? Yes ☐ No ☐

GP's/Optician's signature

GP's/Optician's stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

8 Psychiatric

Does the applicant have a history of:

	Yes	No
(a) Psychiatric Disorder		
(b) Psychotic Illness		
(c) Dementia/Cognitive Impairment		
(d) Alcohol Misuse		
(e) Alcohol Dependency		
(f) Drug or Substance Misuse		
(g) Drug or Substance Dependency		

9 Any other conditions

	Yes	No
(a) Does the applicant named in section A suffer from any recognised medical condition (such as severe asthma, allergic reaction or chronic phobia) that would preclude them from carrying Guide and/or Assistance dogs?		

If YES, please request form TPH/208, which must be completed by a Specialist in the field that you require exemption.

	Yes	No
(b) (i) Does the applicant suffer from any other disease or disability that has not been previously mentioned?		
(ii) Is this likely to interfere with the efficient discharge of his or her duties as a vocational driver, or to cause driving by him or her to be a source of danger to the public?		

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

GP's signature

Surgery Stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

E - Further Details

Please use the space below to provide further, legible details required with reference to any of the previously answered questions. Please include relevant dates. It will be necessary to consult the DVLA's publication 'Assessing fitness to drive: a guide for medical professionals' and provide information as per Group 2 standards of fitness.
https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals

Please continue on a separate sheet If required. Any additional sheets must be endorsed with the medical practitioner's signature, stamp and date.

GP's signature

Surgery Stamp

Date

D D M M Y Y Y Y

Applicant/Driver's name (BLOCK CAPITALS)

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

Restricted when completed

F - Declaration - to be completed by Medical Practitioner carrying out the examination

Please ensure all sections of the form have been completed. Failure to do so will result in the form being invalid.

At the time of the physical examination and completion of this medical form, I had possession of the individual's full medical records.

Yes ☐ No ☐

Where 'No', please state your reason(s) why:

Are you the individual's registered NHS GP?

Yes ☐ No ☐

Where 'No', please confirm how you accessed the individual's full medical records:

Examining doctor's details

To be completed by the doctor. **Please print name and address in capital letters**

Practice Name

Address

Phone

I confirm that this report was completed by me at the physical examination and that I am currently GMC registered and licensed to practice in the UK.

GP's signature

Surgery Stamp

GMC Registration number

Date

D D M M Y Y Y Y

Name (BLOCK CAPITALS)

Applicant/Driver's name (BLOCK CAPITALS)