

## ADVICE TO APPLICANTS AND MEDICAL PRACTITIONERS IN RESPECT OF THE MEDICAL REQUIREMENTS OF HACKNEY CARRIAGE (TAXI) AND PRIVATE HIRE DRIVERS

### Part A: For the Applicant

This Certificate is the method by which the Licensing Authority is advised that you are medically fit to drive Hackney Carriage / Private Hire vehicles.

You must be examined and certified as being medically fit (to a Group 2 Standard) by a doctor registered or practising in the United Kingdom who must have taken into account previous medical history. The Council may require a further examination or referral following this initial certification.

This certificate is not one which must be issued free of charge as part of the National Health Service. Medical fees are payable by you.

Before contacting your doctor please read the DVLA guide 'Assessing fitness to drive: a guide for medical professionals', freely available on the government website

<https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>

If you have any of the relevant conditions referred to in the guide you may not be granted a licence.

**If, after reading the above guide, you have any doubts about your ability to meet the standards, consult your Doctor / Optician for advice before you arrange for the medical certificate to be completed. The doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay your Doctor is not refundable. The Council accepts no liability to pay for any medical.**

All new applicants for a driver's licence are required to submit a medical certificate. Once licensed, medical certificates will be required periodically. Please refer to the Council's policy for more information: <https://www.doncaster.gov.uk/services/business-investment/doncaster-taxi-and-private-hire-licensing-policy-2>

Completed certificates must be presented to the Licensing Authority **within 3 months** of the examination date

### Part B: For the Medical Practitioner

City of Doncaster Council requires confirmation that applicants meet the GROUP 2 standards of fitness for occupational drivers' licences.

- City of Doncaster Council has adopted the Group 2 Medical Standards for Fitness to Drive Hackney Carriage and Private Hire Vehicles in accordance with the DVLA and Department for Transport Best Practice Guidance.
- The C1 criteria for insulin treated diabetes are adopted in relation to Hackney Carriage and Private Hire drivers.
- Medical certificates are only accepted if completed by a registered medical practitioner.

For these purposes your attention is drawn to the current DVLA guide for Medical Practitioners 'Assessing fitness to drive: a guide for medical professionals' which can be found on the government website <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals> The standards are subject to regular review.

Practitioners should have access to the applicants' medical history.

It should be remembered that, as part of their duties, taxi and Private Hire drivers are obliged to assist passengers with their luggage and, where applicable, with loading and unloading wheelchair passengers.

Please refer any questions or queries to the Licensing Office using the contact details below:

Email: [taxi.licensing@doncaster.gov.uk](mailto:taxi.licensing@doncaster.gov.uk)

**Please Do Not Use Abbreviations or Short Hand Notes when Completing this form**

**MEDICAL CERTIFICATE (Group 2 Standards)  
FOR USE BY HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE DRIVERS**

DETAILS OF APPLICANT	
Surname	Full Address:
Forename(s):	
Date of Birth:	
Telephone No:	
Date of Examination:	

**GENERAL QUESTIONS ONLY**

**PLEASE REFER TO THE DVLA GUIDE 'ASSESSING FITNESS TO DRIVE: A GUIDE FOR MEDICAL PROFESSIONAL' AND COMPLETE THIS CERTIFICATE IN ACCORDANCE WITH THE GROUP 2 STANDARDS**

Question 1	
Did you have full access to the applicant's medical records and were they taken into account when completing this examination?	YES / NO
Question 2	
Do you consider that any further medical examinations are necessary? <i>*If YES to Question 2, please provide details on Page 4.</i>	YES* / NO
Question 3	
Does the applicant have a medical condition, which is aggravated by exposure to dogs? <i>*If NO to Question 3, please go to Question 5</i>	YES / NO*
Question 4	
If YES to Question 3, is the condition so severe that the Council should grant the applicant an exemption from carrying assistance dogs in their vehicle?	YES / NO
Question 5	
Does the applicant have any of the disorders or conditions listed in any of the chapters of 'Assessing fitness to drive – a guide for medical professionals' referred to above? <i>*If NO to Question 5, please go to Question 7</i>	YES / NO*
Question 6	
If YES to Question 5, does the applicant satisfy all the qualifying conditions and tests set out in the Group 2 entitlement? <i>*If YES to Question 6, please provide details on Page 4 of any disorders or conditions, consultant reports, tests or other monitoring, which you used to undertake the assessment.</i>	YES* / NO

**Question 7**

Does the applicant have any medical condition preventing them from assisting passengers with their luggage and, where applicable, with loading and unloading wheelchair passengers?

YES / NO\*

*\*If NO to Question 7, please go to the Declaration*

**Question 8**

If YES to Question 7, is the condition so severe that the Council should grant the applicant an exemption from loading and unloading wheelchair passengers, where applicable?

YES\* / NO

*\*If YES to Question 8, on Page 4 please provide details of the condition and the period of time that the exemption should apply before a further medical examination is required to reassess the condition (e.g. 12 months).*

**APPLICANT TO COMPLETE IN THE PRESENCE OF THE MEDICAL PRACTITIONER**

Applicants Name (BLOCK CAPITALS):

Date:

Applicants Signature:

**DECLARATION BY MEDICAL PRACTITIONER**

**I certify** that I have today examined the above named person who has signed this form **in my presence**. I am a registered Medical Practitioner who has examined the Applicant with due regard to the advice and guidance appertaining to Group 2 drivers set out in 'Assessing fitness to drive – a guide for medical professionals', issued by the DVSA, and I consider that the Applicant:

(Place a tick against the relevant statement below)

Meets Group 2 standards of fitness for occupational drivers and is therefore **FIT** to drive a Hackney Carriage or Private Hire Vehicle.

Does not meet Group 2 standards of fitness for occupational drivers and is therefore **UNFIT** to drive a Hackney Carriage or Private Hire Vehicle.  
Please provide further information (if appropriate) on why the applicant does not meet the Group 2 standard on a separate sheet(s), if necessary.

Name of Medical Practitioner (BLOCK CAPITALS):

Licence/Registration Number:

Medical Practitioners Signature:

Date:

Surgery Address / Stamp:

**Medical Practitioners should use this page to provide any further information**

Applicants Name: <hr/>	Date of Examination: <hr/>
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Additional Information

**Please Do Not Use Abbreviations or Short Hand Notes when Completing this form**  
**Any information which is unclear will result in the medical form being rejected**