



**KNOWSLEY METROPOLITAN BOROUGH COUNCIL**

**ENVIRONMENTAL HEALTH AND CONSUMER PROTECTION SERVICE**

**MEDICAL EXAMINATION FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS**

**1. INTRODUCTION**

Any applicant for a Hackney Carriage or Private Hire Driver's Licence must satisfy the Local Authority regarding their medical fitness, honesty and integrity and fitness to drive.

Under the provisions of the Local Government (Miscellaneous Provisions) Act 1976, a Local Authority shall not grant a licence to drive a Hackney Carriage or Private Hire vehicle unless they are satisfied that the applicant is a fit and proper person to hold a driver's licence OR to anyone who has not held, for at least twelve months, and is not, at the date of the application, the holder of a full DVLA licence.

**2. WHO REQUIRES A MEDICAL EXAMINATION AND WHEN**

A Medical Examination will be required if the applicant/driver satisfies one or more of the following criteria:

- (i) They are a new applicant;
- (ii) They are currently a driver whose licence has expired by more than a month and have reached the age of 45, 50, 55, 60 or 65 years of age since they were last licensed;
- (iii) They are an existing driver whose renewal falls due on or after their 45<sup>th</sup>, 50<sup>th</sup>, 55<sup>th</sup>, 60<sup>th</sup> or 65<sup>th</sup> birthday;
- (iv) They are a lapsed driver whose licence expired 1 month or more ago and their last medical is more than three years old;
- (v) They have reached 65 years of age (ANNUAL MEDICAL REQUIRED THEREAFTER); or
- (vi) They have suffered a DVLA-NOTIFIABLE illness since your last Medical examination.

Any driver, who during the course of being in possession of a hackney carriage or private hire driver's licence, or during the process of renewing such a licence, will be required to inform Knowsley MBC Licensing Section immediately upon diagnosis of any DVLA-notifiable medical condition.

Any ongoing DVLA notifiable medical condition that is known to an applicant when applying for a hackney carriage or private hire driver's licence, must be disclosed to Knowsley MBC Licensing Section at the time of application. Knowsley MBC Licensing Section may need to seek further advice from a Doctor, or other medical health care professional before a decision can be made as to whether a licence can be granted or not.

Once the medical examination has been carried out, the completed Medical Assessment Questionnaire (Appendix 1) should be returned to the Licensing Service. The Medical Assessment Questionnaire will not be accepted unless all sections of the form have been completed. It must be stamped by the surgery and signed by the medical practitioner who conducted the assessment. A licence will not be issued until a Medical Assessment Questionnaire has been received indicating that the applicant/driver is fit to be a private hire or hackney carriage driver.

Any driver who has a valid Group 2 DVLA licence and is able to provide written evidence of medical compliance will not be required to undergo a further medical to become or renew their hackney or private hire driver's licence.

If an applicant or current driver fails to notify the Licensing Authority of any relevant medical condition or they have notified the DVLA of any such condition or if their Group 2 entitlement has been removed from their licence their hackney carriage or private hire licence may be affected.

If an individual making a first application to be a hackney or private hire driver in Knowsley has already undertaken a medical with another licensing authority and that medical is of the same Group 2 medical standard then they will not be required to take another medical to obtain a drivers licence in Knowsley providing they can provide written evidence of that medical.

### **3. WHO CAN UNDERTAKE THE MEDICAL EXAMINATION**

The required medical assessment can be carried out by either:-

- (i) The applicant or drivers' own doctor / medical practitioner; OR
- (ii) Knowsley Council's Occupational Health Unit.

If the applicant or driver decides to have the required medical examination carried out by the Council's Occupational Health Unit then they must book their appointment by attending the Licensing Service based in Huyton One Stop Shop and paying the fee. An appointment will then be made. The office is open to the public Monday to Friday between 9am and 2.30 pm.

#### 4. **MEDICAL STANDARDS FOR DRIVERS OF HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLES**

**Medical standards for drivers of hackney carriage or private hire vehicles are higher than those required for regular car drivers. On 14 July 1998, Knowsley Council adopted the Group II Medical Standards (in part) as recommended by the Medical Commission on Accident Prevention.**

All applicants for hackney carriage/private hire driver's licences suffering from a Group II medical condition (see below) will normally be refused a licence.

All licence renewal applicants, who are subsequently diagnosed as suffering from a Group II medical condition, pending medical evidence of their unsuitability to drive, will have their licence reviewed if the Licensing Authority feels it is in the interests of public safety to do so. Before making any such decision the Licensing Authority will take into consideration all the required medical evidence and also consult with the medical adviser who undertook the medical examination. The Licensing Authority will then, and only then decide whether or not the driver is fit to drive a private hire vehicle or hackney carriage. Any decision to revoke a licence is made in the interest of public safety as the safety of the travelling public is of paramount concern to the Licensing Authority.

If the applicant/driver suffers or has suffered from any of the following medical disorders then their application could be effected and they should seek advice directly from the Licensing Service before proceeding with their application: -

(i) **EPILEPTIC ATTACK**

Applicants must **NOT** "have a liability to epileptic seizures". Applicants must have been free of epileptic seizures for at least ten years and have not taken anti epileptic medication during this ten year period.

(ii) **DIABETES**

Insulin treated diabetics will be required to satisfactorily pass an annual consultant medical certification in order to obtain a licence, or successfully renew a licence.

(iii) **EYESIGHT**

All applicants 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, these must be worn while driving. In addition:

Applicants for hackney carriage or private hire driver's licences must have:

- A visual acuity of at least 6/9 in the better eye; and
- A visual acuity of at least 6/12 in the worse eye; and
- If these are achieved by correction the uncorrected visual acuity in each Eye must be no less than 3/60.

Applicants are also barred from holding a hackney carriage or private hire driver's licence if they have:

- Uncontrolled diplopia (double vision)
- Or do not have a normal binocular field of vision

(iv) **OTHER MISCELLANEOUS MEDICAL CONDITIONS**

Applicants/licensees are likely to be refused a licence if they are unable to meet the national recommended guidelines in the following cases:-

- Within 3 months of myocardial infarction, any 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, TIA or 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 recurrence.
- 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 dependency or misuse, or persistent drug or substance misuse or dependency 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 medication is being taken.
- Any malignant condition within the last 2 years likely to metastasise to the brain e.g. carcinoma of lung or malignant melanoma.

**NOTE The above mentioned medical standards are subject to change in line with any amendments made to the DVLA Group 2 medical standards**



## MEDICAL ASSESSMENT

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

### Notes for the Applicant

This medical assessment must be carried out by a General Practitioner in the medical practice to which you are registered or by a GP or Doctor who has access to your medical records which must be reviewed prior to completion of this assessment.

The vision assessment must be completed by a doctor or optician/optometrist. Some doctors will be able to fill in both vision and medical assessment section of the report. If your doctor is unable to fully answer all of the questions on the vision assessment you must have it completed by an optician/optometrist.

**IMPORTANT: ASSESSMENTS MUST NOT TAKE PLACE MORE THAN TWO CALENDAR MONTHS BEFORE THE DATE A LICENCE IS GRANTED OR RENEWED.**

### Applicant's Details: (to be completed in the presence of the GP or Doctor carrying out the examination)

<b>Full Name:</b>		<b>Date of Birth:</b>	DD/ MM YY	<b>Age:</b>	
<b>Address:</b>				<b>Postcode</b>	
<b>Email:</b>		<b>Telephone:</b>			

### Privacy Policy

Here at Knowsley Council we take your privacy seriously. We will only use your personal information to administer your application and provide the products and services you have requested from us.

From time to time we may need to contact you with details of the service or information we require from you and we will do this using the contact information you provided on your application form. This can either be by post, email, telephone or text message.

The Council has a duty to protect the public and we implement a number of security measures to maintain the safety of your personal information. Please be aware however that the information you provide on this application may be shared with other public bodies where required, such as Council Departments and Government Services, which may be used for the prevention of fraud or other serious offences.

If you require a copy of the data we hold or believe it to be inaccurate please contact the Council Licensing Section via [taxi.licensing@knowsley.gov.uk](mailto:taxi.licensing@knowsley.gov.uk)

Any further information held by the Council about individuals will be held securely and in compliance with the law. Information will not be held for longer than required and will be disposed of securely. Further information regarding retention periods is available on the Council's website at <https://www.knowsley.gov.uk/business/apply-for-a-licence/business-and-street-trading/taxi-and-private-hire-driver-licences/hackney-and-private-hire-licensing-service-privacy>

### APPLICANT'S CONSENT AND DECLARATION

I authorise my General Practitioner(s) or Doctor to provide the information requested on this form relevant to my fitness to drive a licensed hackney carriage or private hire vehicle to Knowsley Council in order to assess my fitness to hold a hackney carriage or private hire driver licence.

I declare that to the best of my knowledge and belief all information given by me to my GP or Doctor in connection with this examination is true.

<b>Signed:</b>	<b>Date:</b>
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## General Practitioner/Doctor

**This form must be completed in full by the applicant's own GP or Doctor or a GP or Doctor who has reviewed the applicant's medical records or the Council's Occupational Health Unit doctor. Please answer all questions and once completed sign the declaration at the end.**

Knowsley Council's policy on medical fitness requires that hackney carriage and private hire drivers meet Group 2 Medical Standards, as set out in the DVLA publication '*Assessing fitness to drive - a guide for medical professionals*'.

This guide makes reference to current best practice guidance contained in the booklet 'Fitness to Drive' which recommends the medical standard applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to hackney carriage and private hire drivers.

(a)	Is the applicant a registered patient of the surgery / medical centre at which you practice as a registered medical practitioner?	YES	NO
(b)	Have you reviewed the above applicant's medical records? If reviewing a printout of the medical records please give date of printout:	YES	NO

**Section 1**

**Vision Assessment – to be completed by the GP or Optician/Optomtrist**

Please see the current DVLA guidance so that you can decide whether you are able to fully complete the vision assessment at <https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals>

1	Please confirm the scale you are using to express the driver's visual acuities: <input type="checkbox"/> Snellen <input type="checkbox"/> Snellen expressed as a decimal <input type="checkbox"/> LogMAR						
					<b>YES</b>	<b>NO</b>	
2	Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye? (corrective lenses may be worn to meet this standard)				<input type="checkbox"/>	<input type="checkbox"/>	
3	Were corrective lenses worn to meet this standard? If <b>Yes</b> please indicate if: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both				<input type="checkbox"/>	<input type="checkbox"/>	
4	<b>Uncorrected</b>		<b>Corrected (using the prescription worn for driving)</b>				
	Right	<input type="text"/>	Left	<input type="text"/>	Right	<input type="text"/>	Left
5	If <b>glasses</b> (not contact lenses) are worn for driving, is the corrective power greater than +8 dioptres in any meridian of either lens?				<input type="checkbox"/>	<input type="checkbox"/>	
6	If a correction is worn for driving, is it well tolerated?				<input type="checkbox"/>	<input type="checkbox"/>	
7	Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and / or peripheral)?				<input type="checkbox"/>	<input type="checkbox"/>	
8	Is there diplopia (controlled or uncontrolled)?				<input type="checkbox"/>	<input type="checkbox"/>	
9	Does the applicant, on questioning, report symptoms of intolerance to glare and / or impaired contrast sensitivity and / or impaired twilight vision?				<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the applicant have any other ophthalmic condition?				<input type="checkbox"/>	<input type="checkbox"/>	

If **YES** to questions 7, 8, 9 or 10 please give details in **Section 7**.

If eye examination has been completed by an Optician or Optometrist please give details below:

Name:

Address:

Contact telephone number:

**Section 2**

**NERVOUS SYSTEM**

	Is there any history of, or evidence of, <b>any</b> neurological disorder? If <b>No</b> , go to section 3				<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
1	Has the applicant had any form of seizure? If <b>YES</b> please answer questions a – f below.				<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
	a	Has the applicant had more than one attack?			<input type="checkbox"/>	<input type="checkbox"/>	
	b	Please give date of first and last attack:	<i>First attack</i>	DD MM YY	<i>Last attack</i>	DD MM YY	
	c	Is the applicant currently on anti-epileptic medication? If <b>YES</b> please give details of current medication in <b>section 7</b> .				<input type="checkbox"/>	<input type="checkbox"/>
	d	If no longer treated, please give date when treatment ended.			DD MM YY		
e	Has the applicant had a brain scan? If <b>YES</b> please provide date and details in <b>Section 7</b> .				<input type="checkbox"/>	<input type="checkbox"/>	
f	Has the applicant had an EEG? If <b>YES</b> please provide date and details in <b>Section 7</b>				<input type="checkbox"/>	<input type="checkbox"/>	
2	Is there a history of blackout or impaired consciousness within the last 5 years? If <b>YES</b> please give dates and details at <b>Section 7</b> :				<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the applicant suffer from narcolepsy? If <b>YES</b> please give dates and details in <b>Section 7</b> .				<input type="checkbox"/>	<input type="checkbox"/>	
4	Is there a history of, or evidence of, any of the conditions listed at a – h below? If <b>NO</b> go to <b>Section 3</b> .				<input type="checkbox"/>	<input type="checkbox"/>	
	If <b>YES</b> please give dates and full details in <b>section 7</b> .						
	a	Stroke / TIA If <b>YES</b> please give date:           DD MM YY			<input type="checkbox"/>	<input type="checkbox"/>	
		Has there been a <b>FULL</b> recovery?				<input type="checkbox"/>	<input type="checkbox"/>
		Has a carotid ultrasound been undertaken?				<input type="checkbox"/>	<input type="checkbox"/>
		If <b>YES</b> , was the carotid artery stenosis >50% in either carotid artery?				<input type="checkbox"/>	<input type="checkbox"/>
	b	Sudden and disabling dizziness/vertigo within the last one year with a liability to recur				<input type="checkbox"/>	<input type="checkbox"/>
	c	Subarachnoid haemorrhage				<input type="checkbox"/>	<input type="checkbox"/>
	d	Serious traumatic brain injury within the last 10 years				<input type="checkbox"/>	<input type="checkbox"/>
	e	Any form of brain tumour				<input type="checkbox"/>	<input type="checkbox"/>
	f	Other brain surgery or abnormality				<input type="checkbox"/>	<input type="checkbox"/>
	g	Chronic neurological disorders				<input type="checkbox"/>	<input type="checkbox"/>
h	Parkinson's disease				<input type="checkbox"/>	<input type="checkbox"/>	

**Section 3**

**DIABETES MELLITUS**

Does the applicant have diabetes mellitus?

If **NO** please go to Section 4.

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

**Yes**

**No**

1	Is the diabetes managed by:-		<input type="checkbox"/>	<input type="checkbox"/>
	a	Insulin? If <b>YES</b> please give date started on insulin: DD MM YY	<input type="checkbox"/>	<input type="checkbox"/>
	b	If treated with insulin, are there at least 3 continuous months of blood glucose readings stored in a memory meter? If <b>NO</b> , please give details in <b>Section 7</b>	<input type="checkbox"/>	<input type="checkbox"/>
	c	Other injectable treatments?	<input type="checkbox"/>	<input type="checkbox"/>
	d	A Sulphonylurea or a Glinide?	<input type="checkbox"/>	<input type="checkbox"/>
	e	Oral hypoglycaemic agents and diet? If <b>YES</b> please provide details of medication:	<input type="checkbox"/>	<input type="checkbox"/>
	f	Diet only?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> to any of (a) – (e) above, please give details in <b>Section 7</b>			
2	a	Does the applicant test blood glucose at least twice every day?	<input type="checkbox"/>	<input type="checkbox"/>
	b	Does the applicant test at times relevant to driving?	<input type="checkbox"/>	<input type="checkbox"/>
	c	Does the applicant keep fast acting carbohydrate within easy reach when driving?	<input type="checkbox"/>	<input type="checkbox"/>
	d	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there any evidence of impaired awareness of hypoglycaemia?		<input type="checkbox"/>	<input type="checkbox"/>
4	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?		<input type="checkbox"/>	<input type="checkbox"/>
5	Is there evidence of:-			
	a	Loss of visual field?	<input type="checkbox"/>	<input type="checkbox"/>
	b	Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> to any or 3 – 5 above, please give details in <b>Section 7</b>				
6	Has there been any laser treatment or intra-vitreous for retinopathy? If <b>YES</b> please give date(s) of treatment: DD MM YY		<input type="checkbox"/>	<input type="checkbox"/>

**Section 4**

**CARDIAC**

**4A CORONARY ARTERY DISEASE**

Is there a history of, or evidence of, Coronary Artery Disease? If <b>NO</b> please go to Section 4B. If <b>YES</b> please answer all questions below and give details at <b>Section 7</b> of the form.		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
1	Acute coronary syndrome including myocardial infarction? If <b>YES</b> please give date(s):      DD MM YY	<input type="checkbox"/>	<input type="checkbox"/>
2	Coronary artery by-pass graft surgery? If <b>YES</b> please give date(s):      DD MM YY	<input type="checkbox"/>	<input type="checkbox"/>
3	Coronary Angioplasty (PCI)? If <b>YES</b> please give date of most recent intervention:      DD MM YY	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the applicant suffered from angina? If <b>YES</b> please give the date of the last known attack:      DD MM YY	<input type="checkbox"/>	<input type="checkbox"/>
5	If <b>YES</b> to any of the above, are there any physical health problems (e.g. Mobility/arthritis. COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT?	<input type="checkbox"/>	<input type="checkbox"/>

**4B CARDIAC ARRHYTHMIA**

Is there a history of, or evidence of, cardiac arrhythmia? If <b>NO</b> , go to Section 4C If <b>YES</b> please answer all questions below and give details in <b>Section 7</b> .		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
1	Has there been a <b>significant</b> disturbance of cardiac rhythm? I.e. Sinusoidal disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia, in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the arrhythmia been controlled satisfactorily for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has an ICD or biventricular pacemaker (CRST-D type) been implanted?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has a pacemaker been implanted? If <b>YES</b> :	<input type="checkbox"/>	<input type="checkbox"/>
a	Please supply date:		
b	Is the applicant free of symptoms that caused the device to be fitted?	<input type="checkbox"/>	<input type="checkbox"/>
c	Does the applicant attend a pacemaker clinic regularly?	<input type="checkbox"/>	<input type="checkbox"/>

4C	PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM/DISSECTION					
Is there a history or evidence of <b>ANY</b> of the conditions listed at 1 – 5 below? If <b>NO</b> go to Section 4D. If <b>YES</b> please answer the questions below and give details in <b>Section 7</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1	Peripheral Arterial Disease (excluding Buerger's Disease)			<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the applicant have claudication? If <b>YES</b> , how long in minutes can the applicant walk at a brisk pace before being symptom limited?			<input type="checkbox"/>	<input type="checkbox"/>	
3	Aortic Aneurysm If <b>YES</b> :			<input type="checkbox"/>	<input type="checkbox"/>	
	a	Site of Aneurysm (please tick):	Thoracic <input type="checkbox"/>	Abdominal <input type="checkbox"/>		
	b	Has it been repaired successfully?			<input type="checkbox"/>	<input type="checkbox"/>
	c	Is the transverse diameter <b>currently</b> >5.5cm?			<input type="checkbox"/>	<input type="checkbox"/>
		If <b>NO</b> please provide latest measurement:		Date obtained: DD MM YY		
4	Dissection of the Aorta repaired successfully. If <b>YES</b> , please provide details in <b>Section 7</b>			<input type="checkbox"/>	<input type="checkbox"/>	
5	Is there history of Marfan's disease? If <b>YES</b> , please provide details in <b>Section 7</b>			<input type="checkbox"/>	<input type="checkbox"/>	
4D	VALVULAR/CONGENITAL HEART DISEASE					
Is there a history of, or evidence of valvular /congenital heart disease?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If <b>NO</b> go to Section 4E. If <b>YES</b> please answer all questions below and give details in <b>Section 7</b>						
1	Is there a history of congenital heart disorder?			<input type="checkbox"/>	<input type="checkbox"/>	
2	Is there a history of heart valve disease?			<input type="checkbox"/>	<input type="checkbox"/>	
3	Is there a history of aortic stenosis?			<input type="checkbox"/>	<input type="checkbox"/>	
4	Is there any history of embolism? (not pulmonary embolism)			<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the applicant currently have significant symptoms?			<input type="checkbox"/>	<input type="checkbox"/>	
6	Has there been any progression since the last licence application? (if relevant)			<input type="checkbox"/>	<input type="checkbox"/>	
4E	CARDIAC OTHER					
Does the applicant have a history of <b>ANY</b> of the following conditions? If <b>NO</b> go to Section 4F. If <b>YES</b> please answer <b>ALL</b> questions below and give details in <b>Section 7</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
a	A history of, or evidence of, heart failure?			<input type="checkbox"/>	<input type="checkbox"/>	
b	Established cardiomyopathy?			<input type="checkbox"/>	<input type="checkbox"/>	
c	Has a left ventricular assist device (LVAD) been implanted?			<input type="checkbox"/>	<input type="checkbox"/>	
d	A heart or heart/lung transplant?			<input type="checkbox"/>	<input type="checkbox"/>	
e	Untreated atrial myxoma?			<input type="checkbox"/>	<input type="checkbox"/>	

4F	<b>CARDIAC CHANNELOPATHIES</b>			
Is there a history of, or evidence of either of the following conditions? If <b>No</b> , go to section 4G			Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Brugada syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Long QT syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>Yes</b> to either, please give details in <b>section 7</b>				
4G	<b>BLOOD PRESSURE (This section must be filled in for all applicants)</b>			
1	Please record today's <b>best resting</b> blood pressure reading:			
2	Is the applicant on anti-hypertensive treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If <b>YES</b> please provide three previous readings with dates if available:				
1	B.P. reading:	Date: DD MM YY		
2	B.P. reading:	Date: DD MM YY		
3	B.P. reading:	Date: DD MM YY		
3	Is there history of malignant hypertension? If <b>Yes</b> , please provide details in section 7 (including date of diagnosis and any treatment etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4H	<b>CARDIAC INVESTIGATIONS (This section must be filled in for all applicants)</b>			
Have any cardiac investigations been undertaken or planned? If <b>No</b> , go to section 5 If <b>Yes</b> , please answer questions 1 - 6			Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Has a resting ECG been undertaken? If <b>YES</b> does it show:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
a	Pathological Q waves?	<input type="checkbox"/>	<input type="checkbox"/>	
b	Left bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>	
c	Right bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>Yes</b> to a, b or c please provide details in <b>section 7</b>				
2	Has the exercise ECG been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>YES</b> please provide date and give details in <b>Section 7</b> DD MM YY				
3	Has an echocardiogram been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>	
a	If <b>YES</b> please give date and give details in <b>Section 7</b> DD MM YY			
b	If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Has a coronary angiogram been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>	

4	If <b>YES</b> please provide date and give details in <b>Section 7:</b> DD MM YY		
5	Has a 24 hour ECG tape been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> please provide date and give details in <b>Section 7</b> DD MM YY		
6	Has a Myocardial Perfusion Scan or Stress Echo study been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> please provide date and give details in <b>Section 7</b> DD MM YY		

## Section 5

### PSYCHIATRIC ILLNESS

Is there a history of, or evidence of <b>ANY</b> of the conditions listed at 1 – 9 below? If <b>NO</b> please go to Section 6.		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
If <b>YES</b> please answer the following questions and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in <b>Section 7</b> . (Please enclose relevant notes). (If applicant remains under specialist clinic(s) please give details in <b>Section 7</b> ).			
1	Significant psychiatric disorder within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
2	Psychosis or hypomania/mania within the past 3 years, including psychotic depression?	<input type="checkbox"/>	<input type="checkbox"/>
3	Dementia or cognitive impairment?	<input type="checkbox"/>	<input type="checkbox"/>
4	Persistent alcohol misuse in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5	Alcohol dependence in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the applicant show any evidence of being addicted to the excessive use of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
7	Persistent drug misuse in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the applicant show any evidence of being addicted to the excessive use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9	Drug dependency in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 6**

**GENERAL**

Please answer all questions in this section. If your answer is **YES** to any question please give full details in **Section 7**.

1	Is there a history of, or evidence of, Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	If <b>YES</b> please give diagnosis:		
a	<p>If Obstructive Sleep Apnoea Syndrome, please indicate the severity</p> <p>Mild (AHI&lt;15) <input type="checkbox"/></p> <p>Moderate (AHI 15 – 29) <input type="checkbox"/></p> <p>Severe (AHI &gt;29) <input type="checkbox"/></p> <p>Not known <input type="checkbox"/></p> <p>If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. Please give details in <b>section 7</b></p>		
b	Please answer questions (i) to (vi) for <b>all</b> sleep conditions		
(i)	Date of diagnosis: DD MM YY		
(ii)	Is it controlled successfully?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
(iii)	If <b>Yes</b> please state treatment:		
(iv)	Is patient compliant with treatment	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
(v)	Please state period of control:		
(vi)	Date of last review: DD MM YY		
2	Is there <b>currently</b> any functional impairment that is likely to affect control of the vehicle?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
3	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
4	Is there any illness that may cause significant fatigue or cachexia that affects safe driving?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
5	Is the applicant profoundly deaf?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	If <b>YES</b> is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a text phone?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
6	Does the applicant have a history of liver disease of any origin? If <b>YES</b> please provide details in <b>Section 7</b> .	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
7	Is there any history of renal failure? If <b>YES</b> please provide details in <b>Section 7</b> .	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
8	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
9	Does any medication currently taken cause the applicant side effects that could affect safe driving? If <b>YES</b> please provide details of medication and symptoms in <b>Section 7</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
10	Does the applicant have any other medical condition that could affect safe driving? If <b>YES</b> please provide details in <b>Section 7</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**Section 7**

Additional Information

**PLEASE ENSURE YOU COMPLETE AND SIGN THE LAST PAGE OF THIS MEDICAL ASSESSMENT**

## GENERAL PRACTITIONER DECLARATION:

Please read the following carefully before completing, signing and dating the declaration.

### DO NOT COMPLETE THE DECLARATION BELOW:

- ✓ Unless you are a GP at the Council's Occupational Health Unit OR:
- ✓ If the applicant is not a registered patient with your practice OR;
- ✓ If you have not reviewed their medical records for this examination

I certify that;

- I have today undertaken a medical examination of the applicant for the purpose of assessing their fitness to act as a driver of a hackney carriage or private hire vehicle under the **DVLA Group 2 Medical Standards**
- I have reviewed the applicant's medical records and that in my opinion nothing therein contradicts or tends to contradict the information given to me by the applicant.
- The medical examination today is satisfactory.
- From the applicant's medical records and from today's examination, I know of no medical reason where the applicant would be advised to inform the DVLA Medical Branch with regards to driver licensing requirements under Group 2 standards.

The grant or refusal of a Hackney Carriage or Private Hire driver's licence is to be determined by the council's Licensing Department.

Surgery / Medical Centre Name:

Surgery / Medical Centre Stamp:  
FORM WILL NOT BE ACCEPTED WITHOUT AN OFFICIAL  
STAMP

Surgery / Medical Centre Address:

GP's Name:  
PLEASE PRINT IN BLOCK CAPITALS

GP's Signature:

Date:

