Economy & Environment

Engineering & Environmental Services

Environment Centre,
Licensing Office
Ash Road, Droylsden,
M43 6QU

Tel. No 0161 301 3021

MEDICAL EXAMINATION CERTIFICATE
HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE DRIVER

1. **To the applicant.**

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. The licensing authority accepts no liability to pay it. **This medical must be completed by your own GP otherwise it will not be accepted by the Council.**

2. **To the medical practitioner.**

This medical must be completed by the patients own GP otherwise it will not be accepted by the Council.

a) When completing this medical report please have regard to the booklet "At a Glance Guide to the Current Medical Standards of Fitness to Drive" issued by the Drivers Medical Unit, DVLA, Swansea for doctors conducting these examinations. The Licensing Authority considers a HC/PH driver to be Group II classification.
b) Please tick the answers that apply. Use the right hand margin if you want to add anything, or write "see note attached" and use a separate piece of paper (to be dated and also to include the applicants name, their date of birth and your signature).
c) Please make sure you complete the declaration at the end of this form. The form should then be given to the applicant to take to the Licensing Office, Environmental Health Depot, Ash Road, Droylsden, M43 6QU.

Part A. To be completed by the applicant

5. Full name (BLOCK CAPITALS) _____

6. Address _____

_____

_____ **Postcode** _____

7. **Date of birth** _____ **Day** _____ **Month** _____ **Year**

8. **Name and address of your present general practitioner**

Name _____

Address _____

_____ **Postcode** _____

Telephone Number _____

9. I hereby consent to the Medical Advisor to the Licensing Authority and / or the Licensing Assistant / Manager receiving reports from my general practitioner or other doctors about my medical condition.

Applicant's signature _____

Please sign in the presence of the medical practitioner who signs the report (Part B).

Applicant's Name
Applicants Date of Birth

Part B Medical Report to be completed by the General practitioner - *This medical must be completed by the patients own GP otherwise it will not be accepted by the Council.*

		YES	NO	NOTES
1.	**Cardiovascular**			
a)	Has the applicant suffered from or been treated for angina pectoris, myocardial infarction or undergone coronary artery surgery (inc. angioplasty) during the last six weeks?	☐	☐	
b)	Has the applicant ever suffered from heart failure?	☐	☐	

Drivers who have EVER had any of the conditions at a) or b) must have satisfied the exercise testing requirements of the DVLA before licence can be approved.

c)	Is the resting BP consistently 180mmHg systolic or more or 100mmHG diastolic or more despite treatment?	☐	☐	
d)	Has a pacemaker been fitted within the last 3 months?	☐	☐	
e)	Is there an untreated aortic aneurysm?	☐	☐	
f)	Is there an arrhythmia which has caused or is likely to cause incapacity?	☐	☐	
g)	Has a cardio-defibrillator device (other than a patient activated atrial defibrillator) been implanted?	☐	☐	
h)	Is there a history of cardiomyopathy or heart and / or lung transplant?	☐	☐	
i)	Is there a history of heart valve disease which has caused symptoms or embolism? if yes, give details)	☐	☐	

_____

_____

j)	Is there a complex congenital heart disorder?	☐	☐	
2.	**Diabetes mellitus**			
a)	Is the applicant a diabetic treated by insulin?	☐	☐	
3.	**Nervous system**			
a)	Has the applicant had an epileptic attack in the last 10 years?	☐	☐	
b)	Has the applicant taken any anti-epileptic medication in the last 10 years?	☐	☐	
c)	Has the applicant suffered a loss of consciousness for which investigations have not revealed a cause in the last 5 years?	☐	☐	
d)	Is there a history of narcolepsy, catalepsy or sleep disorder?	☐	☐	
e)	Is there any progressive or disabling disorder of the nervous system?	☐	☐	

DOCTOR'S SIGNATURE _____ **DATE** _____

Applicant's Name
Applicants Date of Birth

3. ***Nervous system continued***

		YES	NO	NOTES
f)	Has there been any liability to sudden attacks of disabling giddiness or fainting in the last 12 months?	☐	☐	
g)	Has the applicant suffered from a stroke or transient ischaemic attack during the last 12 months?	☐	☐	
h)	Does the applicant have any permanent disability or continuing significant risk factors following a previous stroke or TIA?	☐	☐	
i)	Has the applicant ever had or been treated for an intracranial tumour (other than pituitary)? If yes, please give details.	☐	☐	
j)	Has the applicant undergone craniotomy for the treatment of a pituitary tumour during the last six months?	☐	☐	
k)	Is there a history of **serious** head injury?	☐	☐	
l)	Is there a history of intracranial haematoma or haemorrhage? If yes, please give details _____ _____	☐	☐	
m)	Has the applicant had an intracerebral abscess or subdural empyema in the last 10 years?	☐	☐	

4. Psychiatric illness

a)	Has the applicant suffered from an acute psychotic episode of any type or cause during the last 3 years?	☐	☐	
b)	Is there a significant likelihood of recurrence of any previous psychotic illness?	☐	☐	
c)	Has the applicant suffered from severe anxiety state or depressive illness in the last six months? *(If applicant maintained on medication but has been well tick "no").*	☐	☐	
d)	Is there any evidence of an organic brain disorder?	☐	☐	
e)	Is there severe learning disability?	☐	☐	
f)	Is there a persistent behaviour disorder which may affect behaviour while driving?	☐	☐	
g)	Is there a history of the misuse or abuse of drugs or alcohol during the last 3 years? *If yes, please give details*_____ _____ _____	☐	☐	

DOCTOR'S SIGNATURE _____**DATE** _____

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5. Vision

Please answer all questions. *If you* ***do not have the equipment*** *to carry out these checks or* ***if you answer "yes"*** *to any question, then you should* ***refer the applicant to an ophthalmic specialist or optician for an accurate assessment.***

		YES	NO	NOTES
a)	Is the visual acuity **without spectacles or contact lenses** less than 3/60 in each eye separately?	☐	☐	
b)	Is the visual acuity **with spectacles or contact lenses if necessary** less than 6/12 in the worse eye or 6/9 in the better eye?	☐	☐	
c)	Does the applicant have monocular vision?	☐	☐	
d)	Is there insuperable diplopia or a pathological field defect?	☐	☐	

6. Other Conditions

a)	Has the applicant any significant disability?	☐	☐	
b)	Is the applicant on **any** medication which may impair his / her ability to drive safely?	☐	☐	
c)	Does the applicant suffer from any disease or disability not mentioned above which is likely to interfere with the safe discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public? ***If yes, please give details***. _____ _____	☐	☐	

Declaration by examining physician

Being a registered medical practitioner who has examined the applicant and with due regard to the advice and guidance appertaining to Group II drivers issued by the DVLA, I consider the applicant:- *****

☐ **Satisfies** the medical requirements to hold a hackney carriage / private hire driver's licence.

☐ Does **not satisfy** the medical requirements to hold a hackney carriage / private hire driver's licence.

please tick relevant box

Signed_____ **Date**_____

Name _____
(Please print name in block capitals)

Surgery Stamp

Certificates which are not signed and stamped will not be accepted.

This medical must be completed by the patients own GP otherwise it will not be accepted by the Council.