

Form E

CITY OF CARLISLE

HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE DRIVERS

MEDICAL EXAMINATION

Notes: You should complete Part A without signing the form at this stage. You should arrange for a medical examination to be carried out by **your own Medical Practitioner** who should complete Part B below. Any consequential fee for this service is payable direct by the applicant to the Medical Practitioner. This completed form must be returned to the Council along with your application for your driver's licence. Please note that a medical report must be submitted every three years. In the two years in between, only the self-certificated form at Form G need be completed. Once you reach the age of 65 years a full medical is required annually.

Part A

Name of Applicant (Block Capitals)	
Address & Postcode	
Date of Birth	
Signature of Applicant (sign in the presence of the Medical Practitioner signing this certificate)	

Part B

I certify that I am a Doctor within the applicant's medical practice and that I have this day examined the applicant. He has signed this form in my presence and in my opinion is **fit to drive a Hackney Carriage/Private Hire vehicle**. I have come to this decision having studied his medical records and using Group 2 standards for vocational drivers as laid down in the current issue of "At a glance guide to the current medical standards of fitness to drive" issued by the Drivers Medical Unit, DVLA, Swansea.

Signature of Medical Practitioner: _____

Name: _____

Date: _____

Surgery Address or stamp