

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 PART II
HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS**

MEDICAL REPORT FORM

SECTION 1

Notes:

1. For the APPLICANT

- a) Applicants must be examined and certified as being medically fit by their own General Practitioner or another General Practitioner in the practice with which they are registered and must take into account previous medical history.
- b) Fill in Section 5 and Section 6 on pages 10 and 11 of this report in the presence of the doctor carrying out the examination.
- c) This report must, when completed, be taken or sent to the Taxi Licensing Section at Ipswich Borough Council.

2. For the MEDICAL PRACTITIONER

- (i) Please undertake a full examination of the patient. This should include urine screening for glucose.
- (ii) Make every effort to establish the applicant's medical history when completing the report form.
- (iii) Ensure all sections are completed, including consultant/specialist details where appropriate and the surgery/practice stamp.
- (iv) Advise applicants who may be symptom free at the time of the examination that if, in future, they develop symptoms of a condition which could affect safe driving, they must inform the Driver's Medical Group, DVLA, Swansea SA99 1TU and Ipswich Borough Council Taxi Licensing.
- (v) Ipswich Borough Council has adopted the recommendation that Hackney Carriage/Private Hire Driver licence holders meet the same medical standards as required to hold a Group 2 Licence, namely a Large Goods Vehicle (LGV) or Passenger Conforming Vehicle (PCV) Licence.
- (vi) 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 Group, DVLA, Swansea.
- (vii) Use the right hand margin if you want to add anything or write 'see note attached' and use a separate sheet of paper.

The standards required are higher than those required for car drivers in general. The following conditions are a bar to the issue of a Hackney Carriage/Private Hire licence.

1. Epilepsy attacks

Applicants must **NOT** have 'a liability to epileptic seizures'.

2. Insulin Treated Diabetes

Insulin treated diabetics being applicants for a Hackney Carriage or Private Hire Vehicle Driver's Licence will be required to:

- a) Hold a DVLA C1 category Group 2 licence (i.e. one issued after 1 January 1998);

Or

- b) Satisfy the Licensing Authority that he/she meets the medical requirements which would allow a C1 Group 2 licence to be issued.

3. Eyesight

All drivers, for whatever category of vehicle, must be able to read in good daylight a number plated at 20.5 metres (67 feet), or 20 meters (65 feet) where narrower characters are displayed (50 mm wide) and, if glasses or contact lenses are required to do so, these must be worn while driving. **In addition:**

- (i) Applicants who have not held a goods vehicle or bus licence before must by law have both

- A visual acuity of at least 6/7.5 in the better eye; and
- A visual acuity of at least 6/60 in the other eye

And

- If these are achieved by correction, the corrective power must be no greater than plus 8 (+) dioptries.

- ii) An applicant or licence holder who has held an LGV/PCV (formerly LGV/PSV) licence before 01.03.1992 but who does not meet the standard in (i) above **may** still qualify for a licence. Information about the standard for such an applicant can be obtained from Drivers Medical Unit, DVLA, Swansea, SA99 1TU.

An applicant or licence holder failing to meet the epilepsy, diabetes or eyesight regulations must not be certified as medically fit to drive a Hackney Carriage or Private Hire Vehicle.

4. In addition to those medical conditions detailed above, applicants or licence holders should not be certified as fit to drive a Hackney Carriage or Private Hire Vehicle if they are unable to meet the recommended guidelines in the following situations:
- Within 6 weeks 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;
 - Hypertension where the BP is persistently 180 systolic or more, and/or 100 diastolic or more;
 - A stroke, TIA or unexplained loss of consciousness within the last 12 months;
 - Meniere's, or any other conditions causing disabling vertigo, within the past 1 year, 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;
 - Being treated for or suffering a psychotic or schizophrenic illness in the past 3 years, or suffering from dementia;
 - Alcohol dependency or misuse, or illicit drug or substance dependency or use in the past 3 years;
 - Insuperable difficulty in communicating by telephone in an emergency;
 - Insuperable diplopia, or defect in the binocular field of vision;
 - Any other serious medical condition which may cause problems for road safety.

**SECTION 2
MEDICAL EXAMINATION**

To be completed by the Doctor

Please answer all questions.

QUESTION 1: Vision (please see eyesight notes)

YES

NO

a) Is the visual acuity as measured by the Snellen Chart AT LEAST 6/7.5 in the better eye and AT LEAST 6/60 in the other? [] []

b) If corrective lenses have to be worn to achieve this standard, was the distance Spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptries? [] []

c) Please state all the visual acuities for all applicants:

UNCORRECTED

CORRECTED (if applicable)

Right

Left

Right

Left

d) If there is NO perception of light in one eye, on what date did the applicant become monocular or lose the sight in one eye?

e) Is there a full binocular field of vision? (central and/or peripheral) [] []

f) Is there uncontrolled diplopia? [] []

QUESTION 2: Nervous System

YES

NO

a) Has the applicant had any form of seizure(s)? [] []

(i) Please give date of last seizure

(ii) Please give date when treatment ceased

b) Is the applicant currently on anti-epileptic medication? [] []

c) Is there a history of blackout or impaired consciousness within the past 5 years? [] []

d) Is there a history of stroke or TIA within the past 5 years? [] []

e) Is there a history of sudden disabling dizziness/vertigo within the past 1 year? [] []

f) Does the applicant suffer from narcolepsy or cataplexy? [] []

g) Is there a history of chronic and/or progressive neurological disorder? [] []

h) Is there a history of brain surgery? [] []

i) Is there a history of serious head injury? [] []

j) Is there a history of brain tumour, either benign or malignant, primary or secondary? [] []

If YES to a) to j) above, please give details in **SECTION 3**.

QUESTION 3: Diabetes Mellitus

- | | Yes | No |
|---|------------|-----------|
| a) Does the applicant have diabetes mellitus?
If YES, please answer the following questions
If NO, proceed to SECTION 4 | [] | [] |
| b) Is the diabetes managed by: | | |
| (i) Insulin | [] | [] |
| If YES, date started on insulin | | |
| ii) Oral hypoglycaemic agents and diet | [] | [] |
| iii) Diet only | [] | [] |
| c) Is the diabetic control generally satisfactory? | [] | [] |
| d) Is there evidence of: | | |
| (i) Loss of visual field? | [] | [] |
| (ii) Has there been bilateral laser treatment? | [] | [] |
| If YES, please give date | | |
| iii) Severe peripheral neuropathy? | [] | [] |
| iv) Significant impairment of limb function or joint position sense? | [] | [] |
| v) Significant episodes of hypoglycaemia? | [] | [] |
| vi) Complete loss of warning symptoms of hypoglycaemia? | [] | [] |

QUESTION 4: Psychiatric Illness

- | | YES | NO |
|--|------------|-----------|
| a) Has the applicant suffered from or required treatment for a psychosis in the past 3 years? | [] | [] |
| b) Has the applicant required treatment for any other psychiatric disorder within the past 6 months? | [] | [] |
| c) Is there confirmed evidence of dementia? | [] | [] |
| d) (i) Is there a history of alcohol misuse or alcohol dependency in the past 3 years? | [] | [] |
| (ii) Is there a history of illicit drug or substance use or dependency in the past 3 years? | [] | [] |

If YES, to a) to d) above, please give details in **SECTION 3**

QUESTION 5: General

YES

NO

- a) Is there **currently** any functional impairment that is likely to impair control of the vehicle? [] []

If YES, please give details in **SECTION 3**

- b) Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? [] []

If YES, please give dates and diagnosis and state whether there is current evidence of dissemination

- c) Is the applicant profoundly deaf? [] []
- d) Does the applicant have a history of liver disease of any origin? [] []
- e) Is there a history of renal failure? [] []
- f) Is there a history of, or evidence of, obstructive sleep apnoea syndrome? [] []
- g) Is there any other **medical condition** causing excessive daytime sleepiness? [] []

If **YES** please give diagnosis

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If **YES** to f) or g) please give

i) Date of diagnosis

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- ii) Is it controlled successfully? [] []

iii) If **YES**, please state treatment

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iv) Please state period of control

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v) Date last seen by consultant

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- h) Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? [] []
- i) Does any medication currently taken cause the applicant side effects that could affect safe driving? [] []
- j) Does the applicant have any other medical condition that could affect safe driving? [] []

If **YES** to i) or j) above, please give details in **SECTION 3**.

QUESTION 6: Cardiac

YES

NO

A. Coronary Artery Disease

Is there a history of

(i) Myocardial Infarction [] []

If YES, please give date(s)

(ii) Coronary Artery Bypass Graft? [] []

If YES, please give date(s)

(iii) Coronary Angioplasty? [] []

If YES, please give date(s)

(iv) Any other Coronary artery procedure? [] []

If YES, please give details in **SECTION 3**

(v) Has the applicant suffered from angina? [] []

(vi) Is the applicant *STILL suffering* from Angina or only remains Angina free by the use of medication [] []

(vii) Has the applicant suffered from Heart Failure? [] []

(viii) Is the applicant *STILL* suffering from Heart Failure? [] []

(ix) If a resting ECG has been undertaken, please give date

x) Does it show pathological Q waves? [] []

xi) Does it show Left Bundle branch block? [] []

xii) Does it show Right Bundle branch block? [] []

xiii) Has an exercise ECG been undertaken (or planned)? [] []

If YES, please give date and details in **SECTION 3**

YES

NO

xiv) Has an angiogram been undertaken? [] []

If YES, please give date and details in **SECTION 3**.

B. Cardiac Arrhythmia

k) Has the applicant had a significant documented disturbance of cardiac rhythm in the past 5 years? [] []
If YES, please give details in **SECTION 3**.

ii) Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years? [] []

- iii) Has Echocardiography been undertaken? [] []
If YES, please give details in **SECTION 3.**
- iv) Has an exercise test been undertaken? [] []
If YES, please give details in **SECTION 3**
- v) Has a PACEMAKER been implanted? [] []
- vi) If YES, was it implanted to prevent Bradycardia [] []
- vii) Is the applicant now free of sudden and/or disabling symptoms? [] []
- viii) Does the applicant attend a pacemaker clinic regularly? [] []

C. Other Vascular Disorders

- i) Is there a history of Aortic aneurysm with a transverse diameter of 5cm or more (Thoracic or abdominal) [] []
- ii) If YES, has the aneurysm been successfully repaired? [] []
- iii) Is there symptomatic peripheral arterial disease? [] []
- iv) Has there been dissection of the Aorta? [] []

D. Blood Pressure

- i) Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic? [] []
If YES, please supply most recent readings with dates

- ii) If treated does the Medication cause any side effects likely to affect safe driving? [] []

E. Valvular Heart Disease

YES NO

- i) Is there a history of valvular heart disease (with or without surgery)? [] []
- ii) Is there any history of embolism? [] []
- iii) Is there any history of arrhythmia – intermittent or persistent? [] []
- v) Is there persistent dilation or hypertrophy of either Ventricle? If YES, please give details in **SECTION 3.** [] []

F: Cardiomyopathy

- i) Is there established cardiomyopathy? [] []
- ii) Has there been a heart or heart/lung transplant?
If YES, please give details in **SECTION 3**. [] []

G: Congenital Heart Disease

- i) Is there a congenital heart disorder? [] []
- ii) If YES, is it **currently** regarded as minor? [] []
- iii) Is the patient in the care of a Specialist Clinic?
If YES, please give details in **SECTION 3**. [] []

SECTION 3

Please provide as much information as possible about any aspect of the applicant's medical condition or history which may adversely affect his/her ability to hold a hackney carriage/private hire drivers licence. Please continue on a separate sheet if necessary.

MEDICAL PRACTITIONER DETAILS

To be completed by the Doctor carrying out the examination

SECTION 4

Name	Surgery Stamp
Address	

I have today examined the applicant, who has signed this form in my presence and who is registered as a patient at my practice.

The applicant has been registered with this medical practice since (please put date first registered).

I did/did not * have full access to the applicants medical records and they **were/were not*** consulted when completing this examination.

I certify that the applicant **does/does not***, in my opinion, meet the DVLA Group 2 medical standard.

*delete as appropriate

Signature of Medical Practitioner Date:

APPLICANT'S DETAILS

To be completed by the applicant in the presence of the Medical Practitioner carrying out the examination.

SECTION 5

Name	Date of Birth
Address	

About your GP/Group Practice

About your consultant/specialist (if applicable)

GP/Group name
Address
Telephone No.

Consultants Name	
Address	
Telephone No.	Hospital No.

SECTION 6

DECLARATION AND AUTHORISATION

To be completed by applicant.

If you have knowingly given false information in this examination you may be liable to prosecution.

Consent and Declaration

This section **MUST** be completed and must **NOT** be altered in any way.

Please sign the statement below

I authorise my Doctor(s) and Specialist(s) to release reports to Ipswich Borough Council's Licensing Officer about my medical condition.

I declare that I have checked the details I have given and to the best of my knowledge they are correct.

Signature Date