



**MEDICAL CERTIFICATE ASSOCIATED WITH AN APPLICATION
FOR A LICENCE TO DRIVE
A HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE**

Applicant's details: (please complete)

Full name: Date of Birth:

Current address:

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Note: (1) Applicants for the grant of a driver licence are required to provide evidence, the form of a prescribed certificate available from the Council, signed by a medical practitioner with access to the applicant's **full medical records and medical history**, stating that the applicant satisfies the requirements of the **DVLA Group 2 medical standards of fitness to drive**. All costs associated with obtaining the medical certificate are to be met by the applicant/licence holder.

Note: (2) In completing this medical certificate, medical practitioners must have regard to latest guidance concerning the medical fitness of drivers carrying the public. The guidance is available from the DVLA website.

Note (3): A licence holder is examined on initial application then;

1. Every fifth year from the age of 45 up to 65 years and
2. In every year after the applicant has reached the age of 65 years
3. Unless deemed required more frequently by the doctor or local authority

Declaration to be signed by applicant/licence holder

I declare that to the best of my knowledge and belief all information given by me to my doctors in connection with the examination or the completion of the DVLA Group 2 medical examination report are true. In the event that the Council is not satisfied of my fitness to drive a hackney carriage or private hire vehicle, I confirm that I may, at my own cost, submit such further medical evidence to the Council as I consider appropriate.

Signed:

Date:

TO THE G.P. This form must be completed in full by the applicant's own G.P. or a medical practitioner who has reviewed the applicant's **full medical records and medical history**.

Please answer **all questions** and once completed sign the appropriate declaration at the end.

The Councils' policy on medical fitness requires that taxi drivers meet Group 2 Entitlement, as set out in the DVLA publication 'A Guide to the current Medical Standards of Fitness to Drive'. 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 taxi drivers.

<p>(a)</p>	<p>Is the applicant a registered patient of the surgery / medical centre at which you practice as a registered medical practitioner?</p> <p>If NO please provide details of patient's registered GP and surgery.</p> <p>Doctor's Name:</p> <p>Address:</p>	<p>YES</p>	<p>NO</p>
<p>(b)</p>	<p>Have you reviewed the above applicant's full medical records and medical history?</p>	<p>YES</p>	<p>NO</p>

A	VISION														
Please answer all questions A1 to A6 in this section															
A1	<p>Please state the visual acuities of each eye in terms of the 6 metre Snellen chart</p> <p>(NB. Please refer to the current DVLA visual acuity requirements for Group 2 drivers before completing and convert any 3 metre readings to the 6 metre equivalent)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Uncorrected</th> <th colspan="2" style="text-align: left;">Corrected (if applicable)</th> </tr> <tr> <th style="text-align: left;">Right</th> <th style="text-align: left;">Left</th> <th style="text-align: left;">Right</th> <th style="text-align: left;">Left</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>NB. Snellen readings with a plus (+) or minus (-) are not acceptable.</p> <p>Please continue to Question A2</p>			Uncorrected		Corrected (if applicable)		Right	Left	Right	Left				
Uncorrected		Corrected (if applicable)													
Right	Left	Right	Left												
A2	<p>Do corrective lenses have to be worn to achieve this standard?</p> <p>NB: If glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptres in any meridian of either lens.</p> <p>If YES, is the correction well tolerated?</p> <p>If YES, please go to Question A3</p> <p>If NO, please give further details here:</p> <p>Please continue to Question A3</p>	YES	NO												
A3	<p>Either corrected or uncorrected, is the visual acuity at least 6/7.5 (Snellen decimal 0.8) in the better eye and at least 6/60 (Snellen decimal 0.1) in the poorer eye?</p> <p>(NB. If this standard is not met, the patient may need further assessment by an optician)</p> <p>Please continue to Question A4</p>	YES	NO												
A4	<p>Is there a history of any medical condition that may affect the patient's binocular field of vision (central and/or peripheral)?</p> <p>If NO, please go to Question A5</p> <p>If YES, please give further details here:</p> <p>Please continue to Question A5</p>	YES	NO												

<p>A5</p>	<p>Is there diplopia (controlled or uncontrolled)?</p> <p>If NO, please go to Question A6</p> <p>If YES, please answer the following:</p> <p>(a) Is it controlled?</p> <p>(b) How is it controlled?</p> <p>(c) Please give further details here:</p> <p>Please continue to Question A6</p>	<p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p>
<p>A6</p>	<p>Does the patient report symptoms of any of the following that impairs their ability to drive?</p> <p>(a) Intolerance to glare (causing incapacity rather than discomfort, and/or</p> <p>(b) Impaired contrast sensitivity and/or</p> <p>(c) Impaired twilight vision</p> <p>If YES to (a), (b) or (c), please give further details here:</p> <p>Please continue to Question A7</p>	<p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p>
<p>A7</p>	<p>Does the patient have any other ophthalmic condition affecting their visual acuity or visual field?</p> <p>If NO, please go to Section B</p> <p>If YES, please give further details here:</p>	<p>YES</p>	<p>NO</p>

Please continue to Section B

<p>B1e</p>	<p>Has the patient had a brain scan? If YES please state dates and reason:</p> <p>MRI</p> <p>CT</p> <p>Please continue to Question B1f</p>	<p>YES</p>	<p>NO</p>
<p>B1f</p>	<p>Has the patient had an EEG? If YES, please provide dates and information:</p> <p>Please continue to Question B1g</p>	<p>YES</p>	<p>NO</p>
<p>B1g</p>	<p>Has the patient experienced dissociative / non-epileptic seizures?</p> <p>If NO please go to Question B2</p> <p>If YES please give date of most recent episode:</p> <p>If YES have any of these episodes occurred or are they considered likely to occur whilst driving?</p> <p>Please continue to Question B2</p>	<p>YES</p>	<p>NO</p>
<p>B2</p>	<p>Is there a history of blackout or impaired consciousness within the last 10 years?</p> <p>If NO please go to Question B3</p> <p>If YES please give dates and details:</p> <p>Please continue to Question B3</p>	<p>YES</p>	<p>NO</p>

<p>B3</p>	<p>Is there a history of, or evidence of, any of the conditions listed at B3a – B3g below?</p> <p>If NO go to Section C.</p> <p>If YES please answer the following questions B3a – B3g, giving dates and full details:</p>	<p>YES</p>	<p>NO</p>
<p>B3a</p>	<p>Stroke / TIA? (please delete as appropriate)</p> <p>If NO please continue to Question B3b</p> <p>If YES please give date and information</p> <p>If YES:</p> <p>(a) Has there been a full recovery?</p> <p>(b) Has a carotid ultrasound been undertaken?</p> <p>If YES was the carotid artery stenosis >50% in either carotid artery?</p> <p>(c) Is there a history of multiple strokes / TIA's?</p> <p>If YES give details:</p> <p>Please continue to Question B3b</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
<p>B3b</p>	<p>Sudden and disabling dizziness/vertigo within the last one year with a liability to recur?</p> <p>If YES, give details:</p> <p>Please continue to Question B3c</p>	<p>YES</p>	<p>NO</p>
<p>B3c</p>	<p>Subarachnoid haemorrhage (non-traumatic)?</p> <p>If YES, Date:</p> <p>Give details:</p> <p>Please continue to Question B3d</p>	<p>YES</p>	<p>NO</p>

B3d	<p>Has the patient ever suffered a serious head injury within the last 10 years?</p> <p>If YES, Date:</p> <p>Treatment:</p> <p>Please continue to Question B3e</p>	YES	NO
B3e	<p>Brain tumour, either benign or malignant, primary or secondary?</p> <p>If YES, Date:</p> <p>Details:</p> <p>Please continue to Question B3f</p>	YES	NO
B3f	<p>Other brain surgery/abnormality?</p> <p>If YES, Date:</p> <p>Details:</p> <p>Please continue to Question B3g</p>	YES	NO
B3g	<p>Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis?</p> <p>If YES, Date and information:</p>	YES	NO

Please continue to Section C

C	DIABETES MELLITUS		
C1	<p>Does the patient have diabetes mellitus?</p> <p>If NO please go to Section D.</p> <p>If YES please answer all parts of the following questions C2 to C6.</p>	YES	NO
C2	<p>Is the diabetes managed by:-</p> <p>(a) Insulin? If YES please give date started on insulin</p> <p>..... <i>(PLEASE REFER TO BEST PRACTICE GUIDANCE ATTACHED FOR INSULIN TREATED DIABETES – IF YES, APPLICANT MUST SIGN DECLARATION 1 ATTACHED)</i></p> <p>If insulin treated, are there at least 6 continuous weeks of blood glucose readings stored on a memory meter or meters?</p> <p>If NO, please give details:</p> <p>(b) A Sulphonylurea or a Glinide? If YES, please provide details of medication and start date & APPLICANT MUST SIGN DECLARATION 2 ATTACHED</p> <p>(c) Other injectable treatments? If YES, please provide details of medication and start date & APPLICANT MUST SIGN DECLARATION 2 ATTACHED</p> <p>(d) Oral hypoglycaemic agents and diet? If YES, please provide details of medication and start date & APPLICANT MUST SIGN DECLARATION 2 ATTACHED</p> <p>(e) Diet only?</p> <p>If YES, APPLICANT MUST SIGN DECLARATION 3 ATTACHED</p> <p>Please continue to Question C3</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>

<p>C3</p>	<p>(a) Does the patient test blood glucose at least twice every day?</p> <p>(b) Does the patient test at times relevant to driving (no more than 2 hours before the start of first journey and every 2 hours while driving)?</p> <p>(c) Does the patient keep fast-acting carbohydrate within easy reach when driving?</p> <p>(d) Does the patient have a clear understanding of diabetes and the necessary precautions for safe driving?</p> <p>Please continue to Question C4</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
<p>C4</p>	<p>Is there evidence of:-</p> <p>(a) Loss of visual field?</p> <p>(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?</p> <p>(c) Diminished / Absent awareness of hypoglycaemia?</p> <p>Please continue to Question C5</p>	<p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p>
<p>C5</p>	<p>Has there been any laser treatment or intra-vitreous treatment for retinopathy?</p> <p>If YES please give date(s) of treatment:</p> <p>Please continue to Question C6</p>	<p>YES</p>	<p>NO</p>
<p>C6</p>	<p>(a) Has the patient ever had a hypoglycaemic episode?</p> <p>If YES, is there full awareness of hypoglycaemia?</p> <p>(b) Is there a history of hypoglycaemia during waking hours in the last 12 months requiring the assistance of another person?</p>	<p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p>

	<p>If YES to any of C4, C5 or C6 above, please give full details here:</p>		
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Please continue to Section D

D	PSYCHIATRIC ILLNESS		
	<p>Is there a history of, or evidence of any of the conditions listed at D1 – D4 below?</p> <p>If NO please go to Section E.</p> <p>If YES please answer all of the following questions D1 – D4</p> <p>- Give date(s), prognosis, period of stability/control, whether mild to moderate or severe, details of medication, dosage and any side effects in box below (further information)</p> <p>- If patient remains under specialist clinic(s) please also give details</p>	YES	NO
D1	<p>Significant psychiatric disorder within the past 6 months?</p> <p>If YES, please confirm condition:</p> <p>Please continue to Question D2</p>	YES	NO
D2	<p>Psychosis or hypomania/mania within the past 12 months, including psychotic depression?</p> <p>Please continue to Question D3</p>	YES	NO
D3	<p>Dementia or cognitive impairment?</p> <p>Are there concerns which have resulted in ongoing investigations for such possible diagnoses? Give details:</p> <p>Please continue to Question D4</p>	YES YES	NO NO
D4	<p>Has the patient had any suicidal tendencies or attempted suicide in the last 12 months?</p>	YES	NO
	<p>Section D - Further Information:</p>		

Please continue to Section E

E	CARDIAC		
E1	CORONARY ARTERY DISEASE		
	<p>Is there a history of, or evidence of, Coronary Artery Disease?</p> <p>If NO please go to Section E2</p> <p>If YES please answer all of the questions below E1a - E1e and give further details</p>	YES	NO
E1a	<p>Acute Coronary Syndromes including Myocardial Infarction?</p> <p>If YES please give date(s):</p> <p>Please continue to Question E1b</p>	YES	NO
E1b	<p>Coronary artery by-pass graft surgery?</p> <p>If YES please give date(s):</p> <p>Please continue to Question E1c</p>	YES	NO
E1c	<p>Coronary Angioplasty (P.C.I.)?</p> <p>If YES please give date of most recent intervention:</p> <p>Please continue to Question E1d</p>	YES	NO
E1d	<p>Has the patient ever had an episode of Angina?</p> <p>If YES please give the date of the last attack: _____</p> <p>Please continue to Question E1e</p>	YES	NO

E2c	<p>Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted?</p> <p>Please continue to Question E2d</p>	YES	NO
E2d	<p>Has a pacemaker or a biventricular pacemaker/cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? If YES:</p> <p>i. Please supply date: _____</p> <p>ii. Is the patient free of symptoms that caused the device to be fitted?</p> <p>iii. Does the patient attend a pacemaker clinic regularly?</p>	YES	NO
		YES	NO
	<p>Section E2 - Further Information</p> <p>Please continue to Section E3</p>		
E3	PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM/DISSECTION		
	<p>Is there a history or evidence of any peripheral arterial disease, aortic aneurysm, or dissection of the aorta?</p> <p>If NO go to Section E4</p> <p>If YES please answer the questions below E3a - E3e and give details in further information</p>	YES	NO
E3a	<p>Peripheral Arterial Disease (excluding Buerger's Disease)?</p> <p>Please continue to Question E3b</p>	YES	NO
E3b	<p>Does the patient have claudication?</p> <p>If YES would the patient be able to undertake 9 minutes of the standard Bruce Protocol ETT?</p> <p>Please continue to Question E3c</p>	YES	NO

E5	CARDIAC OTHER		
	<p>Does the patient have a history of or evidence of heart failure, established cardiomyopathy, heart or heart/lung transplant, a cardiac assist device implanted or atria myxoma?</p> <p>If NO go to Section E6</p> <p>If YES please answer all questions below E5a - E5e and give details in further information</p>	YES	NO
E5a	<p>A history of, or evidence of, heart failure?</p> <p>If YES please provide the NYHA class, if known:</p> <p>Please continue to Question E5b</p>	YES	NO
E5b	<p>Established cardiomyopathy?</p> <p>Please continue to Question E5c</p>	YES	NO
E5c	<p>Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?</p> <p>Please continue to Question E5d</p>	YES	NO
E5d	<p>A heart or heart/lung transplant?</p> <p>Please continue to Question E5e</p>	YES	NO
E5e	<p>Untreated atrial myxoma?</p>	YES	NO
	<p>Section E5 - Further Information:</p> <p>Please continue to Section E6</p>		

E7	CARDIAC INVESTIGATIONS - ONLY COMPLETE THIS SECTION E7 IF ANY CARDIAC INVESTIGATIONS HAVE BEEN UNDERTAKEN OR PLANNED - Otherwise, please continue to Section E8		
E7a	<p>Is there a history of the following:</p> <p>i. Left bundle branch block (LBBB)?</p> <p>iii. Right bundle branch block (RBBB)?</p> <p>If YES to i, ii , please give further details:</p> <p>Please continue to Question E7b</p>	<p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p>
E7b	<p>Has an exercise ECG been undertaken (or planned)?</p> <p>If YES please give date and give details:</p> <p>Please continue to Question E7c</p>	<p>YES</p>	<p>NO</p>
E7c	<p>Has an echocardiogram been undertaken (or planned)?</p> <p>If YES, please give date and details:</p> <p>If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%?</p> <p>Please continue to Question E7d</p>	<p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p>
E7d	<p>Has a coronary angiogram been undertaken (or planned)?</p> <p>If YES please provide date and give details</p> <p>Please continue to Question E7e</p>	<p>YES</p>	<p>NO</p>

E7e	<p>Has a 24 hour ECG tape been undertaken (or planned)?</p> <p>If YES please provide date and give details</p> <p>Please continue to Question E7f</p>	YES	NO
E7f	<p>Has a loop recorder been implanted (or planned)?</p> <p>If YES please provide date and give details</p> <p>Please continue to Question E7g</p>	YES	NO
E7g	<p>Has a Myocardial Perfusion Scan, Stress Echo study or Cardiac MRI been undertaken (or planned)?</p> <p>If YES please provide date and give details</p>	YES	NO
	<p>Section E7 - Further Information:</p> <p>Please continue to Section E8</p>		

G	GENERAL Please answer all questions in this section. If your answer is YES to any question G1 - G10 , please give full details in Further Information box		
G1	Is there currently any functional impairment that is likely to impair control of a vehicle? Please continue to Question G2	YES	NO
G2	Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally? If YES , please give dates and diagnosis and state whether there is current evidence of dissemination? Please continue to Question G3	YES	NO
G3	Is there any evidence the patient has any illness that may cause fatigue or cachexia that affects safe driving? Please continue to Question G4	YES	NO
G4	Is the patient profoundly deaf? If YES , is the patient able to communicate in the event of an emergency by speech or by using a device e.g. a textphone? Please continue to Question G5	YES YES	NO NO
G5	Is there a history of either renal or hepatic failure? Please continue to Question G6	YES	NO

G6	<p>Is there a history or evidence of narcolepsy?</p> <p>Please continue to Question G7</p>	YES	NO
G7	<p>Does the patient have a history of liver disease of any origin?</p> <p>If NO, go to Question G8</p> <p>If YES, is this the result of alcohol misuse?</p> <p>If YES, please give full details in Section H</p> <p>Please continue to Question G8</p>	YES	NO
G8	<p>Does the patient have severe symptomatic respiratory disease causing chronic hypoxia?</p> <p>Please continue to Question G9</p>	YES	NO
G9	<p>Does any medication currently taken cause the patient side effects that could affect safe driving?</p> <p>If NO, go to Question G10</p> <p>If YES please provide details:</p> <p>Please continue to Question G10</p>	YES	NO
G10	<p>Does the patient have any other medical condition that could affect safe driving?</p> <p>If NO, continue to Section H</p> <p>If YES please provide details:</p>	YES	NO

	Section G - Further Information:		
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Please continue to Section H

	Section H – Further information:		
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Please continue to the Section I – GP's Declaration

DECLARATION FORM 1

DRIVER WITH INSULIN TREATED DIABETES

It is common for licensing authorities to apply the “Group 2” medical standards applied by DVLA to the licensing of lorry or bus drivers – to hackney carriage and private hire vehicle drivers. It is seen as “best practice” to apply the C1 standards to hackney carriage and private hire drivers with insulin treated diabetes. Durham County Council has adopted this best practice in relation to drivers who are employed to drive hackney carriage or private hire vehicles.

The Group 2 standards prevent the licensing of drivers with insulin treated diabetes. However, exceptional arrangements do exist for drivers within insulin treated diabetes, who can meet a series of medical criteria.

The guidance means that those with good diabetic control and who have no significant complications can be treated as “exceptional cases” and have their application for a licence to drive a hackney carriage or private hire vehicle considered.

The criteria to be met for this to be considered are:

- Must have full awareness of hypoglycaemia and understand the risks.
- Not to have suffered an episode of hypoglycaemia requiring the assistance of another person driving in the last 12 months.
- To attend an examination by a doctor or consultant specialising in the treatment of diabetes at intervals of not more than 12 months. Provide the doctor/consultant with the previous 6 weeks blood glucose records stored on the memory of a blood glucose meter. Request the doctor/consultant provides a written report which confirms a history of responsible diabetic control with a minimal risk of incapacity due to hypoglycaemia.
- To monitor their condition by checking blood glucose levels at least twice daily and no more than 2 hours before the start of the first journey and every 2 hours after driving has started.
- To use a glucose meter with a memory function to store 6 weeks of readings for measuring and recording blood glucose levels. NB. FGM and RT-CGM interstitial fluid glucose monitoring systems are not permitted for the purposes of Group 2 driving and licensing. Group 2 drivers who use these devices must continue to monitor capillary blood glucose levels via finger prick testing.
- To keep a fast-acting carbohydrate within easy reach when driving.
- To have no other condition which would render the driver a danger when driving a hackney carriage or private hire vehicle.
- To comply with the directions of the doctor(s) treating the diabetes and to report immediately to the Licensing Authority any significant change in condition.

Declaration: I confirm I currently meet the above requirements and hereby agree to comply with the above criteria.

.....
APPLICANT'S FULL NAME

.....
SIGNATURE

.....
DATE

**DECLARATION FORM 2
DIABETES MANAGED BY TABLETS OR NON-INSULIN INJECTABLES**

It is common for licensing authorities to apply the “Group 2” medical standards applied by DVLA to the licensing of lorry or bus drivers – to hackney carriage and private hire vehicle drivers. Durham County Council has adopted this best practice in relation to drivers who are employed to drive hackney carriage or private hire vehicles.

Those drivers with diabetes managed by tablets or non-insulin injectables and who have good diabetic control with no significant complications can have their application for a licence to drive a hackney carriage or private hire vehicle considered.

Part 1 – Criteria for all Non-Insulin treated Diabetics

- Must have full awareness of hypoglycaemia and understand the risks.
- Not to have suffered an episode of hypoglycaemia requiring the assistance of another person driving in the last 12 months.
- To have no disqualifying complications of diabetes, such as visual field defect, which would render the driver a danger when driving a hackney carriage or private hire vehicle.
- To comply with the directions of the doctor(s) treating the diabetes and to report immediately to the Licensing Authority any significant change in condition.
- To notify the Licensing Authority immediately if insulin treatment is to commence.

Part 2 - Additional criteria for Diabetes managed by tablets carrying hypoglycaemia risk (Sulphonylureas and glinides, e.g. Repaglinide, Nateglinide)

- To attend an examination by a doctor or consultant specialising in the treatment of diabetes at intervals of not more than 12 months. Provide the doctor/consultant with the previous 6 weeks blood glucose records stored on the memory of a blood glucose meter. Request the doctor/consultant provides a written report which confirms a history of responsible diabetic control with a minimal risk of incapacity due to hypoglycaemia.
- To monitor their condition by checking blood glucose levels at least twice daily and no more than 2 hours before the start of the first journey and every 2 hours after driving has started.
- To use a glucose meter with a memory function to store 6 weeks of readings for measuring and recording blood glucose levels. NB. FGM and RT-CGM interstitial fluid glucose monitoring systems are not permitted for the purposes of Group 2 driving and licensing. Group 2 drivers who use these devices must continue to monitor capillary blood glucose levels via finger prick testing.
- To keep a fast-acting carbohydrate within easy reach when driving.

Declaration: I confirm I currently meet the above requirements and hereby agree to comply with the above criteria.

.....
APPLICANT'S FULL NAME

.....
SIGNATURE

.....
DATE

DECLARATION FORM 3

DIABETES MANAGED BY DIET/LIFESTYLE ALONE

It is common for licensing authorities to apply the “Group 2” medical standards applied by DVLA to the licensing of lorry or bus drivers – to hackney carriage and private hire vehicle drivers.

Durham County Council has adopted this best practice in relation to drivers who are employed to drive hackney carriage or private hire vehicles.

Those drivers with diabetes managed by diet or lifestyle alone and who have no significant complications can have their application for a licence to drive a hackney carriage or private hire vehicle considered.

The criteria to be met for this to be considered are:

- Must have full awareness of hypoglycaemia and understand the risks.
- Not to have suffered an episode of hypoglycaemia requiring the assistance of another person driving in the last 12 months.
- To have no disqualifying complications of diabetes, such as visual field defect, or any other medical condition which would render the driver a danger when driving a hackney carriage or private hire vehicle.
- To comply with the directions of the doctor(s) treating the diabetes and to report immediately to the Licensing Authority any significant change in condition.
- To notify the Licensing Authority immediately if insulin treatment is to commence.
- To notify the Licensing Authority immediately if tablet or non-insulin injectable treatment is to commence.

Declaration: I confirm I currently meet the above requirements and hereby agree to comply with the above criteria.

.....
APPLICANT'S FULL NAME SIGNATURE DATE

DECLARATION FORM 4

SLEEP APNOEA SYNDROME – Moderate or Severe

It is common for licensing authorities to apply the “Group 2” medical standards applied by DVLA to the licensing of lorry or bus drivers – to hackney carriage and private hire vehicle drivers.

Durham County Council has adopted this best practice in relation to drivers who are employed to drive hackney carriage or private hire vehicles.

Those drivers with moderate or severe Sleep Apnoea syndrome whose condition is well controlled can have their application for a licence to drive a hackney carriage or private hire vehicle considered.

The criteria to be met for this to be considered are:

- Sleep apnoea condition is well controlled.
- Sleepiness has improved.
- Sleep apnoea treatment plan is being fully adhered to by the driver.
- To provide annually a written report by the GP or consultant responsible for monitoring the condition, to confirm the above criteria is being met.
- To report immediately to the Licensing Authority any significant change in condition

Declaration: I confirm I currently meet the above requirements and hereby agree to comply with the above criteria.

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APPLICANT’S FULL NAME

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SIGNATURE

.....
DATE