

MEDICAL CERTIFICATE FOR APPLICANTS FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE



Notes

1. For the Applicant.

- (a) **This certificate should be completed by your own Doctor. If this is not possible for any reason, you should contact the Taxi Licensing Section to agree an alternative.**
- (b) Please complete Part A and Section 9 of Part B, in the presence of the Medical Practitioner.
- (c) 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.
- (d) **If you knowingly give false information in this examination you are liable to prosecution.**

2. For the Medical Practitioner.

- (a) Please complete Part B.
- (b) When completing this medical report, please have regard to the Guide for Medical Practitioners entitled "*Medical Aspects of Fitness to Drive*", published by the Medical Commission for Accident Prevention.
- (c) 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.
- (d) If you are not the applicants own GP all proper investigations must be made to give the Council an informed opinion and you may wish to contact the applicant's own GP to confirm any of the answers, as the person completing the medical certificate is liable for the information given.

When you have completed this form, return it to:
Taxi Licensing Officer, Environmental Services, Borough of Poole, Newfields Business Park, 2 Stinsford Road, Poole, BH17 0NF

PART A TO BE FILLED IN BY THE APPLICANT. Please complete in BLOCK CAPITALS.

FULL NAME DATE OF BIRTH

ADDRESS

.....

POSTCODE TELEPHONE NO.

Name and Address of your present General Practitioner or of the group practice with which you have been registered for the last twelve months.

NAME.....

ADDRESS

.....

POSTCODE TELEPHONE NO.

PART B TO BE FILLED IN BY THE MEDICAL PRACTITIONER

Please read the notes before undertaking the examination.

The purpose of this report is to determine the applicant's fitness to drive Hackney Carriages/Private Hire Vehicles.

The Borough of Poole may need to make further enquiries if there is any doubt to an applicant's fitness.

**If you have any doubt about the applicant's fitness for this type of driving, please contact:
Taxi Licensing Officer, Environmental Services, Borough of Poole, Newfields Business Park, 2 Stinsford Road, Poole, BH17 0NF.**

The medical standards to drive Hackney Carriage/Private Hire Vehicles are higher than they are for ordinary driving entitlement. These standards are briefly explained below.

By Law a licence may not be issued if the applicant:

- Has had an epileptic fit during the last 10 year period and/or has taken anti-epileptic medication during that same period; **or**
- Has visual acuity worse than 6/7.5 in the better eye or worse than 6/60 in the other eye. Where glasses are worn to meet the minimum standards, they should have a corrective power $\leq +8$ dioptries in any meridian of either lens. If corrective lenses are worn, has an uncorrected acuity in either eye of less than 3/60 unless the applicant held a Group 2 licence on 1 January 1983 and still held such a licence on 1 April 1991, when a lower standard will apply; **or**
- Is a new monocular driver unless the applicant held a valid licence on 1 April 1991 and the Traffic Commissioner who issued the licence had knowledge of the condition before 1 January 1991 and the applicant has a visual acuity of not less than 6/9 in the remaining eye (or 6/12 if the applicant was issued with a licence before 1 January 1983); **or**
- Is an insulin dependent diabetic, unless –
 - the applicant held a valid licence on 1 April 1991 and the Traffic Commissioner who issued the licence had knowledge of the condition before 1 January 1991
 - the applicant can meet the additional medical criteria needed to obtain a licence to drive category C1 vehicles – evidence will be required. Please contact the Taxi Licensing Section for further information.

In addition, the licence may be refused if the applicant:

- Has had a myocardial infarction, CABG or coronary angioplasty
- Suffers persistent arrhythmia
- Has uncontrolled established hypertension
- Has had a stroke, TIA, or unexplained loss of consciousness
- Has had severe head injury with continuing after-effects, or major brain surgery
- Had Parkinson's disease, Multiple Sclerosis or Meniere's disease
- Is being treated for or has suffered a psychotic illness in the past 5 years
- Has had alcohol or drug addiction problems in the past 5 years
- Has serious difficulty communicating by telephone
- Has diplopia or visual field defect
- Has any other condition which would cause problems for hackney carriage/private hire vehicle driving **unless the applicant can prove that they are otherwise medically fit to obtain a licence.**

ANY ESSENTIAL ADDITIONAL INFORMATION SHOULD BE GIVEN IN A SEPARATE LETTER AND ATTACHED.

Please give patients weight (kg/st)

(kg/st)

and height (cms/ft)

(cms/ft)

Give details of smoking habits, if any

What is his/her alcohol consumption?

What Medication is the applicant taking?

PLEASE ANSWER ALL QUESTIONS

1: Vision

Note: Visual Acuity must be measured by the Snellen chart (using spectacles or contact lenses if required). If in doubt, please refer to local optician for assessment.

Applicant must meet Snellen 6/7.5 (0.8 Snellen decimal) in the better eye and at least Snellen 6/60 (0.1 Snellen decimal) in the other. Where glasses are worn to meet the minimum standards, they should have a corrective power $\leq +8$ dioptres in any meridian of either lens

a) Does the applicant meet this standard? YES NO

If "Yes", please state the visual acuity (i) without lenses; (ii) corrected by lenses

Left	Right	Left	Right
<input style="width: 80px; height: 20px;" type="text"/>			

b) Is the uncorrected visual acuity in either eye worse than 3/60 (0.05 decimal) (equivalent to reading 6/60 line at 3 metres) without the use of spectacles or contact lenses?

c) Is the applicant without sight in one eye?

Please give date when he/she became monocular

d) Is there diplopia or evidence of a pathological field defect – e.g. hemianopia or quadrantopia?

2: Nervous System

a) Has there been an epileptic attack during the last 10 years?

b) Has the applicant received anti-epileptic medication during the last 10 years?

c) Is there a history of an episode or episodes of unexplained altered consciousness?

d) Is there a history of stroke, TIA, or vertebrobasilar insufficiency?

e) Is there a history of recurring Meniere's disease?

f) Is there evidence of Multiple Sclerosis?

g) Is there evidence of Parkinson's disease?

h) Is there a history of major brain surgery?

i) Is there a history of serious head injury with evidence of an intra-cerebral haematoma or compound depressed skull fracture?

j) Is there a serious difficulty preventing adequate communication by telephone?

k) Is there a history of unexplained syncope or disabling vertigo?

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:
- (i) by insulin?
 - (ii) by oral hypoglycaemic agents and diet?
 - (iii) by diet only?
- c) Is the control of the diabetes unsatisfactory?
- d) Is there evidence of
- (i) loss of peripheral visual field?
 - (ii) severe peripheral neuropathy?
 - (iii) significant impairment of limb function or joint position sense?
 - (iv) episodes of hypoglycaemia?
- e) Urinalysis Glucose Protein

4: Psychiatric Illness

- a) Has the applicant suffered or required treatment for a psychotic illness in the past 5 years?
- b) Has the applicant required treatment for a mental disorder with psychotropic medication drugs within the past 6 months?
- c) Is there confirmed evidence of dementia?
- d) Is there a history of alcohol misuse in the last 5 years?
- e) Is there a history of drug or substance misuse in the last 5 years?

5: Musculoskeletal System

- a) Has the applicant a significant disability of the spine which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?
- b) Has the applicant any deformity, loss of limbs, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?

6: Malignant Growths

- a) Is there a history of malignant brain lesion, either primary or secondary?
- b) Is there a history of bronchogenic carcinoma?

7: Other Conditions

YES NO

Does the applicant suffer from any significant medical disability not mentioned above, which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?

If YES, please include details in a separate letter and attach to this form.

8: Cardiac

a) Is there a history of, or evidence of:

(i) Myocardial Infarction?

If YES, please give date(s)

(ii) Coronary artery bypass graft (CABG)?

If YES, please give date(s)

(iii) Coronary angioplasty?

(iv) Confirmed angina, whether or not treated symptomatically?

b) Cardiac arrhythmia and heart block

(i) Is there a history of cardiac arrhythmia?

(ii) Is there a history of paroxysmal cardiac arrhythmia in the past 6 months?

(iii) Has an ECG been undertaken?

If YES, what abnormality has been shown?

(iv) Has a pacemaker been inserted?

c) Peripheral arterial disease

(i) Is there a history of aortic aneurysm, thoracic or abdominal, whether or not it has been repaired?

(ii) Is there or has there been symptomatic peripheral arterial disease, with or without surgical intervention?

d) Blood Pressure

(i) Is the blood pressure (to the nearest 5mm Mercury) 200/110 or over?

(ii) Blood Pressure reading at time of medical

(iii) Is medication required?

If YES, does it cause giddiness, fainting, lack of alertness or fatigue?

e) Valvular heart disease

(i) Is there evidence of valvular heart disease, with or without heart valve replacement?

(ii) Is the applicant taking anti-coagulants for the valvular heart condition?

f) Other cardiac conditions

YES NO

- (i) Is there a history of dilated cardiomegaly or hypertrophic cardiomyopathy?
- (ii) Has an x-ray been undertaken?
- If YES, does it show significant enlargement of the heart, CTR.55?
- (iii) Has heart, or heart/lung transplant, or cardiac surgery other than CABG or aortic aneurysm repair been undertaken?
- (iv) Is there a history of congenital heart condition, whether or not treated surgically?

9: For the Applicant

- You must sign this declaration when you are with the Medical Practitioner who will be filling in Part B of this report.

I authorise my Doctor and Specialists to release confidential information to the Borough of Poole if any matter affecting my fitness to drive arises:

- In connection with my application for my hackney carriage/private hire drivers licence;
- During the period any such license (if granted) is in force.

APPLICANTS SIGNATUREDATE

10: For the Medical Practitioner

I CERTIFY that I have this day examined the applicant, who has signed this form in my presence. In my opinion, the applicant is:

FIT UNFIT Please tick as appropriate

to drive a Hackney Carriage or Private Hire Vehicle.

SIGNATURE OF THE REGISTERED MEDICAL PRACTITIONER

.....DATE

(Please complete in BLOCK CAPITALS)

NAME

ADDRESS.....

.....

POSTCODE

TELEPHONE

Surgery stamp

[Empty box for surgery stamp]