MEDICAL IN CONFIDENCE

MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE

OR PRIVATE HIRE DRIVER'S LICENCE

APPLICANT'S DETAILS (to be completed by Medical Practitioner carrying out the examination).

The details asked for below are in accordance with the criteria set out in the DVLA's latest guide of Medical Standards for LGV or PCV drivers.

ABOUT YOU

Your Name: ..... Date of Birth: .....

Address: .....

.....

..... Home Tel. No: .....

Postcode: ..... Work/Daytime No: .....

ABOUT YOUR GP/GROUP PRACTICE ABOUT YOUR CONSULTANT/ SPECIALIST (IF APPLICABLE)

GP/Group Name: ..... Cons. Name: .....

Address: ..... Address: .....

....

....

Tel. No: ..... Date Last Seen: ……. Tel: No: …….

	YES	NO
i) Did you hold an HGV licence valid at 1 January 1983?	☐	☐
ii) Did you hold a PSV licence valid at 1 January 1983?	☐	☐
iii) Have you held a Hackney Carriage or Private Hire Driver's licence before?	☐	☐

SECTION 1 - EYESIGHT

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a) Is the visual acuity as measured by the Snellen chart at least 6/9 in the better eye and at least 6/12 in the other? Yes ☐ No ☐

b) If corrective lenses have to be worn to achieve this standard:

1) is the UNCORRECTED acuity at least 3/60 in the left eye? Yes ☐ No ☐

2) is the UNCORRECTED acuity at least 3/60 in the right eye? Yes ☐ No ☐

(3/60 being the ability to read the top line of the Snellen Chart at 6 metres)

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

	UNCORRECTED		CORRECTED (if applicable)	
Left	☐	Right ☐	Left ☐	Right ☐

d) If there is NO degree of vision whatsoever in one eye, on

what date did the applicant become monocular or develop sight in one eye only? ……..

e) Is there documented evidence of a pathological field defect, e.g. hemianopia, scotoma, or quadrantanopia? Yes ☐ No ☐

f) Is there full binocular field of vision on confrontation? Yes ☐ No ☐

g) Is there uncontrolled diplopia? Yes ☐ No ☐

SECTION 2 - NERVOUS SYSTEM

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a) Has the applicant a `liability to epileptic seizures'? Yes ☐ No ☐

b) Does the applicant suffer from epilepsy? Yes ☐ No ☐

c) Is there a history of a sudden and disabling episode or episode or episodes of unexplained impaired consciousness within the past 5 years? Yes ☐ No ☐

d) Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past 5 years? Yes ☐ No ☐

		Yes	No
e)	Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last 2 years?	☐	☐
f)	Is there evidence, with documented signs of neurological or cognitive impairment, of multiple sclerosis?	☐	☐
g)	Is there Parkinson's Disease or other muscle or movement disorder likely to affect vehicle control?	☐	☐
h)	Is there a history of brain surgery since the last licence was issued?	☐	☐
i)	Is there a history of serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the last licence was issued? (Note: in the case of a first application for licence, please answer h) or i) above).	☐	☐
j)	Is there a history of brain tumour, either benign or malignant, primary or secondary?	☐	☐

SECTION 3 - DIABETES MELLITUS

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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?	☐	☐
	i) 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?	☐	☐

	Yes	No
ii) severe peripheral neuropathy?	☐	☐
iii) significant impairment of limb function or joint position sense?	☐	☐
iv) uncontrolled episodes of hypoglycaemia?	☐	☐
v) complete loss of warning symptoms of hypoglycaemia?	☐	☐

SECTION 4 - PSYCHIATRIC ILLNESS

		Yes	No
a)	Has the applicant suffered or required treatment for a psychotic illness in the past 3 years?	☐	☐
b)	Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months?	☐	☐
	If Yes, i) does the medication cause side effects likely to affect driving ability?	☐	☐
	ii) is the condition stable or resolved?	☐	☐
c)	Is there confirmed evidence of dementia?	☐	☐
d)	In the past 3 years:		
	i) is there a history of continued alcohol labuse or alcohol dependency?	☐	☐
	ii) is there a history of illicit drug or substance use or dependency? If Yes to either i) or ii), please give dates/details of alcohol intake or type of illicit drugs, treatment and compliance with advice.	☐	☐

SECTION 5 - GENERAL

		Yes	No
a)	Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?	☐	☐
b)	Is there a history within the past 2 years of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?	☐	☐
	i) If Yes, please give dates and diagnosis and state whether there is current evidence of dissemination. ……		

SECTION 6 - CARDIAC

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a) **Coronary artery disease**

Is there a history, or evidence, of:	Yes	No
i) angina pectoris or heart failure (whether or not maintained symptom free by the use of medication)?	☐	☐
ii) myocardial infarction/any episode of unstable angina?	☐	☐
iii) coronary artery bypass graft (CABG)/coronary angioplasty?	☐	☐

If Yes, to i), ii) or iii), please give details/

dates .....

.....

.....

iv) Has a resting ECG been performed previously?	☐	☐
If Yes, did it show pathological Q waves present in 3 leads or more, or left bundle branch block?	☐	☐

Date ECG performed …….

(A sight of the ECG tracing would be most helpful).
Please note that an ECG does not need to be undertaken for this examination.

b) **Other vascular disorders**

Is there a history or evidence of:

i) aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5 cm or more (whether or not it has been repaired)?	☐	☐
ii) confirmed symptomatic peripheral arterial disease?	☐	☐
iii) any other significant vascular disorder (i.e. Marfans)?	☐	☐

c) **Cardiac arrhythmia and heart block**

Is there a history or evidence or:	Yes	No
i) Significant disturbance of cardiac rhythm within the past 5 years?	☐	☐
If Yes, please give details		
ii) pacemaker or cardioverter defibrillator insertion?	☐	☐

d) **Blood pressure**

i) Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or other 110 diastolic or over?	☐	☐
ii) Is there a history or evidence of established hypertension, with BP readings consistently greater than 180 systolic or over, or 100 diastolic or over?	☐	☐

e) **Acquired valvular heart disease**

i) Is there a history or evidence of acquired valvular heart disease, with or without heart valve replacement?	☐	☐

f) **Other cardiac conditions**

i) Is there a history or evidence of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder?	☐	☐

SECTION 7 - MEDICAL PRACTITIONER DETAILS
(To be completed by Doctor carrying out the examination

SURGERY STAMP

Name: .....

Address: .....

.....

.....

.....

Tel. No: ..... Date: .....

DECLARATION AND AUTHORISATION
(To be completed by applicant in presence of Doctor)

(If you have knowingly given false information in this examination you are 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 declare that I have checked the details I have given and that to the best of my knowledge they are correct.

If a medical condition is declared I authorise my Doctor(s) and Specialist(s) to release reports to the Secretary of State's Medical Adviser about my medical condition.

Signature:..... Date: .....

PLEASE REMEMBER TO SIGN AND DATE THIS FORM

MEDICAL IN CONFIDENCE

DARTFORD BOROUGH COUNCIL

MEDICAL CERTIFICATE

FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS

Name ……

Address ……

……

……

Date of Birth ……

Signature ……..

NOTES

This certificate is confidential and for use only by the Dartford Borough Council. Practitioners are asked to place this in a sealed envelope and give it to the applicant.

QUESTION	
(1) Using your professional judgement, having medically examined the above applicant, is he/she considered fit to carry out the duties of a Hackney Carriage or Private Hire driver? (If no, please give reasons).	
(2) If any further investigation, examination is required regarding the applicant's medical fitness, please indicate.	

I certify that I have today examined ……..

Signature of Registered Medical Practitioner ……

Address ……..

……..

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……..

Dated …….