



Report of Medical Examination

In Support of an Application for a Hackney Carriage / Private Hire Driver's Licence

Name Of Applicant:	First Name(s):
	Surname:
Applicants tel no:	
Applicants e-mail:	
Age of applicant:	
Date Of Birth:	
Address Of Applicant:	
Date Of Examination:	

Guidance for Medical Practitioner

- NOTE (1) This form must be completed and signed in the presence of both parties.
- NOTE (2) Watford Borough Council requires that drivers of Hackney Carriage and Private Hire Vehicles achieve a higher stand of medical fitness than car drivers. The standard required by the Council is the same standard applied by the DVLA to the grant of Public Service and Heavy Goods Vehicle Licences and is known as a 'Group 2' level of medical fitness. In order to complete this medical you should be familiar with the requirements of Group 2 Standards. For further details please refer to the document 'Assessing fitness to drive – a guide for medical professionals' which can be found at www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals.
- NOTE (3) Any fee charged for this report is payable by the applicant to the Medical Practitioner.
- NOTE (4) Drivers must have a visual acuity, using corrective lenses if necessary, of at least Snellen 6/7.5 (Snellen decimal 0.8) in the better eye and at least Snellen 6/60 (Snellen decimal 0.1) 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.
- NOTE (5) When considering whether the applicant is fit for the role of a hackney carriage or private hire vehicle driver, you must consider not only their ability to drive, but also additional duties such as the loading of a wheelchair up a ramp into the vehicle or the provision of reasonable assistance to a passenger with luggage or shopping.
- NOTE (6) A medical certificate must be supplied upon first application for a licence, and subsequently on attaining the ages of 55 years, 60 years and 65 years, 70 years and thereafter at yearly intervals. A further certificate must be supplied at any other time that the Council's Licensing Team shall direct.
- NOTE (7) You would be expected to have access to the applicant's full medical history, typically because you are the applicant's GP or another doctor at the same surgery. If you do not have access to the applicant's full medical history, you must provide reasons. Where the reasons given are not held to be satisfactory to the council, the council reserves the right to request a further medical from the applicant.

Neurological disorders

1. Is this applicant, to the best of your judgement, subject to epilepsy, seizures, vertigo, loss of consciousness, stroke/TIA, encephalitis, amnesia, serious head injury, sleep disorder, fainting or any other neurological disorder or defect likely to affect his/her efficiency as a driver of a hackney carriage or private hire vehicle? If yes, please provide explanation as appropriate.	YES / NO Details:
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Cardiovascular disorders

2. Is this applicant, to the best of your judgement, subject to angina, acute coronary syndromes, arrhythmia, hypertension, coronary thrombosis, hypertrophic cardiomyopathy, heart failure or any other cardiovascular disorder or defect likely to affect his/her efficiency as a driver of a hackney carriage or private hire vehicle? If yes, please provide explanation as appropriate.	YES / NO Details:
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3. Has the applicant, to the best of your knowledge, undergone catheter ablation, pacemaker implant, cardiovascular defibrillator implant or any other cardiovascular procedure? If yes, please provide explanation as appropriate.	YES / NO Details:
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4. Are the applicant's blood pressure readings within a normal range? If no, do you consider that the abnormal blood pressure would be likely to affect his/her competence as a hackney carriage or private hire vehicle driver, please give details.	YES / NO Details:
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Diabetes

5. Does the applicant suffer from diabetes? If yes, please confirm the type and if the applicant is treated using tablets, insulin, diet or any other method. If no, please proceed to Q8.	YES / NO Details:
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6. Has the applicant suffered from any hypoglycaemic episodes requiring the assistance of another person within the last 12 months?	YES / NO / NOT APPLICABLE Details:
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7. Does the applicant suffer from any other debarring complications of diabetes such as a visual field defect, renal disorder or limb disability? If yes, please provide explanation as appropriate.	YES / NO / NOT APPLICABLE Details:
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Psychiatric disorders

8. Is this applicant, to the best of your judgement, subject to anxiety, depression, mania, schizophrenia or any other psychiatric disorder or defect likely to affect his/her efficiency as a driver of a hackney carriage or private hire vehicle? If yes, please provide explanation as appropriate.	YES / NO Details:
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Drugs & alcohol

<p>9. Is this applicant, to the best of your judgement, subject to dependency or misuse of drugs (including tobacco) or alcohol? Or subject to any drug or alcohol related condition, such as cirrhosis or seizure? If yes, please provide explanation as appropriate.</p>	<p>YES / NO Details:</p>
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Visual acuity & hearing

<p>10. Please provide visual acuity readings for both eyes, with glasses if applicable. Please provide readings as a fraction, e.g. 6/7.5.</p> <p>If you are unable to accurately measure visual acuity, the applicant must be sent to an optometrist.</p>	<p>Without glasses</p> <p>Right eye:</p> <p>Left eye:</p>	<p>With glasses (if applicable)</p> <p>Right eye:</p> <p>Left eye:</p>
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<p>11. Do this applicant's visual acuity readings meet the minimum standards as outlined in note 4 above (with or without glasses)? If you consider that the applicant should wear glasses when driving, please confirm this.</p>	<p>YES / NO Details:</p>
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<p>12. Is there any defect of vision or hearing not already mentioned? If yes, please give details, including whether you consider that said defect would interfere with the efficient performance of the applicant's duties as a hackney carriage or private hire vehicle driver.</p>	<p>YES / NO Details:</p>
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Other

<p>13. Does the applicant have any deformity, loss of limb or mobility impairment? If yes, could this interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver, please give details. (See note 5)</p>	<p>YES / NO Details:</p>
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<p>14. Is there any abnormality present that is not included in the above questions; such as any evidence of poor personal hygiene or aggression, that may interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver?</p>	<p>YES / NO Details:</p>
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<p>15. Is the applicant, in your opinion, generally fit as regards to, (a) bodily health and (b) temperament, for the duties of a hackney carriage or private hire vehicle driver?</p>	<p>YES / NO</p>
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<p>16. Do you consider further examination necessary? If so in what period of time? (See note 6)</p>	<p>YES / NO Details:</p>
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17. At the time of examination and completion of this medical form, did you have possession of the applicant's complete medical history? (please see note 7)	YES / NO Where NO, you must state your reasons why:
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Applicant statement

I hereby consent to the Licensing Authority receiving reports from the Medical Examiner about my medical condition.

I declare that the answers to the foregoing questions are honest and represent accurately my present medical condition and history. I am not aware of any physical or mental condition or disability not otherwise mentioned, and agree to notify the Licensing Authority of any change in my medical circumstances as soon as I become aware of these.

Applicant's Signature:

Date:

(Must be signed in the presence of the medical practitioner who signs this report – see note 1)

Declaration of Medical Practitioner

I hereby certify that I have today assessed and examined the above named person in accordance with the Driver and Vehicle Licensing Agency Group 2 Standards of Medical Fitness and to the best of my knowledge and belief, the answers to the foregoing questions are true and correct.

In my judgement, on the basis of this assessment and examination the above named person (please tick as appropriate):

MEETS THE DVLA GROUP 2 MEDICAL FITNESS STANDARD AND IS OR FIT TO ACT AS THE DRIVER OF A HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE LICENCE; OR

DOES NOT MEET THE DVLA GROUP 2 MEDICAL FITNESS STANDARD AND IS UNFIT TO ACT AS THE DRIVER OF A HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE LICENCE

Signed: (Must be signed in the presence of the applicant – see note 1)

Print Name:

Date:

Telephone:

Email:

Address:

Address:

Address:

Qualification or official stamp:

This medical report should be returned to the applicant to submit, or be sent to:

Licensing, Housing & Wellbring, Watford Borough Council, Town Hall, Watford WD17 3EX
Or emailed to licensing@watford.gov.uk

Phone: (01923)278476

DATA PROTECTION – Keeping your personal information safe

Any data that you provide will be stored and processed by Watford Borough Council or its appointed agents in accordance with the law.

Information collected may be shared with other Council departments and/or organisations the Council works with who assist us in the performance of our functions. It may also be shared with outside organisations such as the Police, DWP, and County Council, to prevent and detect crime. It may be shared with insurance companies and bodies responsible for auditing or administering public funds for the prevention and detection of fraud.

Further information on the Council's obligations to safeguard your personal information and your rights on accessing data held about you can be found on the Council's website at:

<https://www.watford.gov.uk/privacynotice> and <https://www.watford.gov.uk/ehlprivacynotice> or by telephoning 01923 278000