Medical Examination
Application for a Hackney Carriage/Private Hire Drivers licence

This must be completed by your Doctor, taking into account the criteria for Group 2 vocational drivers as set out in "Medical Aspects of Fitness to Drive" and the latest edition of the DVLA publication "At a Glance Guide for Current Medical Standards of Fitness to Drive" (see note B1 of leaflet INF4D and section 7 of this report).

Please answer all questions and use black ink throughout

Please give the applicant's weight (kg/st)		height (cms/ft)		
Please give details of smoking habits, if any				
Please give the number of alcohol units taken each week				
Is the urine sample taken, positive for Glucose	No		Yes	

Details of specialist(s) / consultants

1	2	3

Speciality

Date last seen

Current medication

Date when first licensed to drive a lorry		and /or bus/taxi	

Section 1 – Vision (please see **eyesight notes** on page 8 and 9 of leaflet INF4D)

Please tick √ the appropriate boxes

		Yes		No
1.	Is the visual acuity **at least** 6/9 in the better eye or **at least** 6/12 in the other (corrective lenses may be worn) as measured by the Snellen chart?			
2.	Do corrective lenses have to be worn to achieve this standard?			
	If **Yes,** is the (a) uncorrected acuity at least 3/60 in the right eye?			
	(b) uncorrected acuity at least 3/60 in the left eye? (3/60 being the ability to read the 6/60 line of the full size 6 metre Snellen chart at 3 metres)			
	(c) correction well tolerated			

3.	Please state all visual acuities of each eye in terms of the 6 metre Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent								
Uncorrected					**Corrected** (if applicable)				
	Right		Left			Right		Left	

		Yes		**No**
4.	Is there a defect in his/her binocular field of vision			
5.	Is there diplopia (controlled or uncontrolled)?			
6.	Does the applicant have any other conditions? If **Yes** to 4, 5 or 6, please give details in **Section 7** and enclose any relevant visual field charts or hospital letters			

Section 2 – Nervous System

		Yes		**No**
1	Has the applicant had any form of epileptic attack?			
	If **Yes**, please give date of last attack			
	If treated, please give date when treatment ceased			
2.	Is there a history of blackout or impaired consciousness within the last 5 years?			
	If **Yes**, please give dates and details in **Section 7**			
3.	Does the applicant suffer from narcolepsy/cataplexy?			
	If **Yes**, please give dates and details in **Section 7**			
4.	Is there a history of, or evidence of any of the conditions listed in (a) – (h) below?			
	If **No**, go to **Section 3**If **Yes**, please give dates and details in **Section 7**			
(a)	Stroke/TIA *please delete as appropriate*			
(b)	Sudden and disabling dizziness/vertigo within the last year with a liability to recur			
(c)	Subarachnoid haemorrhage			
(d)	Serious head injury with the last 10 years			
(e)	Brain tumour, either benign or malignant, primary or secondary			
(f)	Other brain surgery			
(g)	Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis			
(h)	Dementia or cognitive impairment			

Section 3 – Diabetes Mellitus				
		Yes		**No**
1.	Does the applicant have diabetes mellitus			
	If No, go to Section 4, If Yes, please answer the following questions			
2	Is the diabetes managed by:-			
(a)	Insulin?			
	If Yes, please give date started on insulin			
(b)	Oral hypoglycaemic agents and diet?			
(c)	Diet only?			
3.	Does the applicant test blood glucose at least twice every day?			
4.	Is there evidence of:-			
(a)	Loss of visual field?			
(b)	Severe peripheral neuropathy, sufficient to impair limb function for safe driving?			
(c)	Diminished/absent awareness of hypoglycaemia			
5.	Has there been laser treatment for retinopathy?			
	If **Yes**, please give date(s) of treatment			
6.	Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?			
7.	If **Yes** to any of 4-6 above, please give details in **Section 7**			
Section 4 – Psychiatric illness				
	Is there a history, or evidence, of any of the conditions listed at 1-6 below?			
	If **No** go to **Section 5**, If **Yes** please tick the relevant box(es) below and give dates, prognosis, period of stability and details of medication, dosage and any side effects in **Section 7, NB** If applicant remains under specialist clinic(s), ensure details are entered in **Page 1**			
1.	Significant psychiatric disorder within the past 6 months, e.g. depression			
2.	A psychotic illness within the past 3 years, e.g. schizophrenia			
3.	Persistent alcohol misuse in the past 12 months			
4.	Alcohol dependency in the past 3 years			
5.	Persistent drug misuse in the past 12 months			
6.	Drug dependency in the past 3 years			

Section 5 – Cardiac				
Please follow the instructions in all **Sections 5A-5G** giving details as required at **Section 7**. NB. If applicant remain under specialist cardiac clinic(s) ensure details are completed in **Page 1**				
Section 5A – Coronary Artery Disease				
		Yes		**No**
	Is there a history, or evidence, of coronary artery disease			
	If **No** go to **Section 5B** If **Yes** please answer all questions below and give details in **Section 7**			
1.	Myocardial infarction?			
	If **Yes** please give date(s)			
2.	Coronary artery by-pass graft?			
	If **Yes** please give date(s)			
3.	Coronary Angioplasty (with or without stent)?			
	If **Yes** please give date(s)			
4.	Has the applicant suffered from Angina?			
	If **Yes**, please give the date of the last attack			
Section 5B – Cardiac Arrhythmia				
	Is there a history, or evidence, of cardiac arrhythmia			
	If **No** go to **Section 5C** If **Yes** please answer all questions below and give details in **Section 7**			
1.	Has the applicant had a significant documented disturbance in cardiac rhythm within the past 5 years?			
2	Has the arrhythmia been controlled satisfactorily for at least 3 months?			
3.	Has a cardiac defibrillator device been implanted?			
4.	Has a pacemaker been implemented			
	If **Yes** ;-			
(a)	Has the pacemaker been implanted for at least 6 weeks			
(b)	Since implantation, is the patient now symptom free from this condition?			
(c)	Does the applicant attend a pacemaker clinic regularly?			

Section 5C - Peripheral Arterial Disease				
		Yes		**No**
	Is there a history, or evidence, of **ANY** of the following: If **Yes**, please **tick** √ all relevant boxes below, and give details in **Section 7**			
1.	Peripheral Arterial Disease?			
2.	Aortic Aneurysm? If Yes:			
(a)	Site of Aneurysm			
	Thoracic			
	Abdominal			
(b)	Has it been repaired successfully			
(c)	Is the transverse diameter more than 5 cms?			
3.	Dissection of the Aorta? If Yes:			
(a)	Has it been repaired successfully?			
Section 5D – Valvular / Congenital Heart				
	Is there a history, evidence, or valvular / congenital heart disease?			
	If **No** go to **Section 5E** If **Yes** please answer all questions below and give details in **Section 7**			
1.	Is there a history of congenital heart disorder			
2.	Is there a history of heart valve disease?			
3.	Is there a history of embolism (**not** pulmonary embolism)			
4.	Does the applicant currently have significant symptoms			
5.	Has there been any progression since the last licence application (if relevant)			
Section 5E – Cardiomyopathy				
	Does the applicant have a history of any of the follow conditions:			
(a)	A history, or evidence, of heart failure			
(b)	Established cardiomyopathy			
(c)	A heart or heart/lung transplant?			
	If **Yes** to any part of the above, please give full details in **Section 7**			

Section 5F – Cardiac Investigations				
This section must be completed for all applicants				
		Yes		No
1.	Has a resting ECG been taken			
	If Yes, does it show			
(a)	Pathological Q waves?			
(b)	Left bundle branch block?			
2.	Has an exercise ECG been undertaken (or planned)?			
	If **Yes**, give date and give details in **Section 7** *Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful*			
3.	Has an echocardiogram been undertaken (or planned)?			
	If **Yes**, give date and give details in **Section 7** *Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful*			
4.	Has a coronary angiogram been undertaken (or planned)?			
	If **Yes**, give date and give details in **Section 7** *Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful*			
5.	Has a 24 hour ECG tape been undertaken (or planned)?			
	If **Yes**, give date and give details in **Section 7** *Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful*			
6.	Has a myocardial perfusion imaging scan been undertaken (or planned)?			
7.	If **Yes**, give date and give details in **Section 7**			

Section 5G – Blood Pressure				
This section must be completed for all applicants				
		Yes		**No**
1.	Is today's systolic pressure greater than 180?			
2.	Is today's diastolic pressure greater than 100?			
3.	Is the applicant on anti-hypertensive treatment/			
4.	If **Yes** to any of the above, please supply today's reading			

Section 6 – General				
Please answer all questions in this section. If your answer is Yes, please give full details in Section 7				
		Yes		No
1.	Is there currently a disability of the spine or limbs, likely to impair control of the vehicle			
2.	Is there a history of bronchogenic carcinoma or other malignant tumour, for e.g.Malignant melanoma, with significant liability to metastasise cerebrally?			
	If **Yes**, please give dates and diagnosis and state whether there is current evidence of dissemination			
3.	Is the applicant profoundly deaf?			
	If Yes, is he/she able to communicate in the event of an emergency by speech or by sing a device, e.g. a minicom/textphone			
4.	Is there a history of either renal or hepatic failure?			
5.	Does the applicant have apnoea syndrome?			
	If Yes, has it been controlled successfully?			
6.	Is there any other medical conditions causing excessive daytime sleepiness?			
	If Yes, please give full details below			
7.	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?			
8.	Does any medication currently taken cause the applicant side effects which impair his/her safe driving?			

Section 7 – Please forward copies of all relevant hospital notes if available

Section 8 - Applicant's Consent and Declaration	This section must be completed and must not be altered in any way
Consent and Declaration	Please read the following important information carefully then sign and date the statement below

On occasion, as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Kirklees Metropolitan Council may require you to undergo a medical examination or some form of practical assessment, in these circumstances, those personnel involved will require your medical background details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by members of the Council's Licensing Committee. Such information would be subject to legal restrictions on confidentiality.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports to Kirklees Metropolitan Council as Licensing Authority about my condition.
I authorise Kirklees Metropolitan Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to all those involved in the determination of my application for a licence, and to release to my Doctor(s) details of the outcome of my case and any relevant medical information.
I declare that I have checked the details I have given on this form and that, to the best of my knowledge and belief, they are correct.

Signature		Date	

Section 9 – Applicant's details			
To be competed in the presence of the Medical Practitioner carrying out the examination Please make sure that you have printed your name and date of birth on each page before sending this form with your application			
Name		Date of Birth	
Address		Home phone number	
		Daytime phone number	
Postcode			
Email Address			

Section 10 – Medical Practitioner Details			
To be completed by the Medical Practitioner carrying out the examination			
Name		Surgery Stamp	
Address			
Postcode			
Email Address			
The applicant is registered with me as a patient Yes/No* I have full access to the patient's medical records Yes/No* **I have considered that the applicant MEETS/DOES NOT MEET* the criteria for a group 2 vocational driver's licence** as set out in the latest editions of DVLA publication "for Medical Practitioners – at a Glace Guide for Current Medical Standards of Fitness to Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive". **please delete whichever is inapplicable*			
Signature of Medical Practitioner		Date	

Additional notes for the doctor where the applicant is diagnosed as diabetic

Where the applicant requests a special exemption from the Group 2 Medical Standard then the authority will require from you and a hospital consultant, confirmation of the applicant's current state of health and his/her ability to drive Hackney Carriage/ Private Hire vehicles.

1. Any previous history of Hypoglycaemic related injury or accident, or has the applicant had any episodes of disabling hypoglycaemia requiring help from another person during the last 12 months (except if this occurs during sleep)?

2. Has the applicant had an episode of hypoglycaemia whilst driving in the last 12 months?

3. Are there always warning symptoms when the applicant's blood glucose starts to fall (except if this occurs during sleep)?

4. Is there any evidence of a history of unawareness of hypoglycaemia?

5. Has the applicant received blood glucose awareness training?

6. Has the applicant informed the DVLA of the diabetic condition?

7. Has the applicant informed the insurance company of the diabetic condition?

In assessing the applicant's fitness to drive you must take into account the responses to the above questions, in addition to those contained in the standard medical.

Signature Medical Practitioner: ..... **Date** ……