MEDICAL REPORT – NOTES

APPLICATION FOR HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

(Please hand these notes and examination form to your Doctor)

MED24

All medical reports must be completed by the General Practitioner with whom you are registered (your Doctor) or one of our approved medical providers (see page 4). Please note that if a Practitioner other than your own GP or one of our approved providers completes the report your application may be rejected unless you can show good reason why it has not been possible for your own GP or one of our providers to complete the form.

This form is required to be completed for all new applicants for hackney carriage or private hire driver's licences or where licensed drivers are aged 45, 50, 55, 60, 65, and annually thereafter, in line with DVLA best practice guidelines.

Do not delay sending the form to us – if more than one month has elapsed from the date of your Practitioner's signature, we may reject the form unless you can show good reason why it has not been possible for you to submit the form in good time.

If you have sent us a medical report in the last 12 months, and have not suffered a serious illness in the interim, contact us, as it may not be necessary for a further form to be completed.

A What you have to do

1. Before arranging for this medical report to be completed please read the notes at section C, paragraphs 1,2,3,4 and 5 (Group 2 Medical Standards). If you have any of these conditions you may not be granted a licence.
2. If, after reading the notes, you have any doubts about your ability to meet the medical standards, consult your Practitioner and/or Optician **before** you arrange for this medical report to be completed. In the event of your application being refused, the fee you pay your Doctor is not refundable. Southampton City Council has no responsibility for any fees payable for the completion of this report.
3. The notes below ("Medical Standards for Hackney Carriage and Private Hire Drivers") may help you.
4. This report, together with your licence application, must be received by the City Council within 4 months of the Practitioner signing the report. Failure to submit both forms together will lead to difficulties and delay in processing your application.
5. In future, if you develop symptoms of a condition that could affect safe driving (see the notes at section C below), you must inform the City Council's Licensing Team immediately.
6. Please remove this page before sending in the report with your application.

B What the Practitioner has to do

1. Please arrange for your patient to be seen and for a full examination to be undertaken.
2. Please complete **pages 5 to 11 inclusive and all of section 10** on page 12 of this report, having regard to the most recent BMA "Notes for Guidance" for Doctors conducting these examinations. The most recent edition of the Medical Commission for Accident Prevention's booklet "Medical Aspects of Fitness to Drive" should be consulted in association with the latest edition of the Driver & Vehicle Licensing Agency's publication "At a Glance Guide to the Current Medical Standards of Fitness to Drive", available from the DVLA via: https://www.gov.uk/guidance/general-information-assessing-fitness-to-drive
3. Applicants who may be symptom free at the time of the examination should be advised that, if, in future, they develop symptoms of a medical condition which could affect safe driving, and a hackney carriage or private hire driver's licence is held, Southampton City Council's licensing team must be informed immediately.

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C Medical Standards for Hackney Carriage or Private Hire Drivers

Standards for hackney carriage or private hire drivers, as vocational drivers, are higher than those for ordinary car drivers. In line with recommended good practice, the City Council will expect licensed drivers to meet the **Group 2 vocational driver standards**. Please also refer to the most recent version of leaflet INF4D available via https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals. Specific medical conditions which may be a bar to obtaining or holding a hackney carriage or private hire driver's licence are as follows: -

1. Epilepsy or liability to epileptic attacks

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10-year period. For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. The City Council will refuse or revoke the licence if these conditions cannot be met.

2. Diabetes

Applicants with insulin treated diabetes will not normally be able to obtain a licence **unless:**

- they held a hackney carriage or private hire driver's licence valid at 1 April 1991 and the City Council's licensing team had knowledge of the insulin treatment before 1 January 1991

or

- if they are able to provide documentary evidence that their diabetes is consistently well controlled, with reference to the advice in chapter 3 of the latest edition of the DVLA's "At a Glance Guide to the Current Medical Standards of Fitness to Drive" in respect of Group 2 vocational drivers.

If you have any condition other than insulin treated diabetes your Doctor should be able to advise you as to whether you meet the relevant higher medical standards. Please refer to the section "Other Medical Conditions" in this report.

3. Eyesight

All applicants must be able to read in good light with glasses or corrective lenses if necessary, a number plate at 20 metres (65 feet), and, if glasses or contact lenses are required to do so, these must be worn while driving. In addition: -

(i) Visual Acuity

Applicants must have: -

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye; and
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye; and
- If glasses are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres.

Applicants to whom the following applies ***may*** be considered, exceptionally:

- An applicant who held a Southampton hackney carriage or private hire driver's licence after 1 March 1992 and also held that licence on 31 December 1996 and has an acuity of 6/9 (decimal Snellen equivalent 0.6) in the better eye and 6/12 (decimal Snellen equivalent 0.5) in the worse eye *and* an uncorrected acuity of 3/60 (decimal Snellen equivalent 0.05) in at least one eye.
- An applicant who held a hackney carriage or private hire driver's licence before 1 March 1992 if they can still meet the Group 2 eyesight standards which applied when they first held a Southampton hackney carriage or private hire driver's licence.

Please contact the licensing team if you require further information.

(ii) Visual field

The horizontal visual field should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

(iii) Monocular vision

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Drivers who have sight in one eye only or their sight in one eye has deteriorated to less than 0.05 (3/60) cannot normally be licensed to drive. Exceptionally, it may be possible for such a driver to be licensed if the Group 2 standards were met before 1 April 1991. You must have a visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) if you held a Southampton hackney carriage or private hire driver's licence on 1 April 1983 or 6/9 (decimal Snellen equivalent 0.6) if you were licensed after that date.

(iv) Uncontrolled symptoms of double vision

If you have uncontrolled symptoms of double vision, or you have double vision treated with a patch, you will not meet the Group 2 standard.

Please note that a failure to meet the epilepsy, diabetes or eyesight requirements will normally result in the refusal of an application.

4. Other Medical Conditions

In addition to those medical conditions mentioned above, an applicant or licence holder is likely to be refused if they are unable to meet the national recommended guidelines in cases of:-

- Within six weeks of myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty
- Angina, heart failure, or cardiac arrhythmia which remains uncontrolled
- Implanted cardiac defibrillator
- Hypertension where the blood pressure is persistently 180 systolic or more or 100 diastolic or more
- A stroke or TIA within the last 12 months
- Unexplained loss of consciousness with liability to recurrence
- Meniere's and other sudden and disabling vertigo, within the last 12 months, with a liability to recurrence
- Insuperable difficulty in communicating by telephone in an emergency
- Major brain surgery and/or recent severe head injury with serious continuing after effects
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders likely to affect safe driving
- Psychotic illness within the past three years
- Serious psychiatric illness
- If major psychotropic or neuroleptic medication is being taken
- Alcohol and/or drug misuse within the last 12 months or alcohol and/or drug dependency or use in the past three years
- Dementia
- Any malignant condition, within the last 2 years, with a significant liability to metastasise to the brain
- Any other serious medical condition likely to affect the safe driving of a hackney carriage or private hire vehicle

5. Tiredness: Sleep Disorders

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel.

Many accidents are attributed to "driver inattention" but once vehicles faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking.

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Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 02:00 and 07:00 increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address these problems responsibly.

However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness.

The commonest medical cause is **Obstructive Sleep Apnoea Syndrome (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large collar size. Partners often complain about the snoring and notice that sufferers seen to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.

OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents. However, once diagnosed, there is very effective treatment available, normally through specialist centres.

The greatest danger is prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause.

The City Council's Licensing Team can be contacted as follows:

'Phone: 023 8083 3002 Email: licensing@southampton.gov.uk

Post & Personal Callers:

Licensing Team
Southampton City Council
Civic Centre
Southampton
SO14 7LY

Approved Medical Providers

D4Drivers (Ryminster Medical Services Ltd)
www.d4drivers.uk/
0300 3030 668

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MEDICAL EXAMINATION - APPLICATION FOR HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

This must be completed by the practitioner, 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 above and section 7 of this report).

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Please answer all questions and use black ink throughout

Please give the applicant's weight (kg/st)		and height (cm/ft)	
Please give details of smoking habits, if any			
Please give the number of alcohol units taken each week			

Details of specialist(s)/ consultants

1	2	3

Speciality

Date last seen

Current medication

Date first licensed to drive a hackney carriage and/or private hire vehicle	

Section 1 - Vision (Please see **eyesight notes** on page 2)

Please tick ✓ the appropriate boxes

		Yes	No
1.	Is the visual acuity, as measured by the 6 metre Snellen chart **at least** 6/7.5 (decimal Snellen equivalent 0.8) in the better eye *and* **at least** 6/60 (decimal Snellen equivalent 0.1) in the other eye (corrective lenses may be worn)?		
2.	Do corrective lenses have to be worn to achieve this standard?		
	If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres?		
	If the correction is worn for driving, is it well tolerated?		
	Please give the best binocular acuity (with corrective lenses if worn for driving)		

3. Please state all the 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

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4. **Is there a defect in his/her binocular field of vision?** (central and peripheral)
5. Is there diplopia (controlled or uncontrolled)?
6. Does the applicant have any other ophthalmic condition?

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 at (a) - (h) below?		
	If **No**, go to section 3		
	If **Yes**, please tick the relevant boxes and give dates and full details at 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?		

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(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

	Yes	No
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 **section 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 **section 1**

Section 5A - Coronary Artery Disease

	Yes	No
Is there a history, or evidence, of coronary artery disease?		

If **No**, go to section 5 B
If **Yes** please answer all questions below and give details at **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

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Section 5B - Cardiac Arrhythmia

	Yes	No
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 at **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 a 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 at **section 7**		

			Yes		No
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 Disease

	Yes	No
Is there a history, or evidence, of valvular / congenital heart disease?		

If **No**, go to **section 5E**
If **Yes**, please answer all questions below, and give details at **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)		

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Section 5E - Cardiomyopathy

		Yes	No
	Does the applicant have a history of any of the following conditions:		
(a)	A history, or evidence, of heart failure?		
(b)	Established cardiomyopathy?		
(c)	A heart of 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 undertaken		
	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 useful		
3.	Has an echocardiogram been undertaken (or planned)?		
	If **Yes**, give date and give details in **section 7**		
	Sight/copy of the echocardiogram result/report would be useful		
4.	Has a coronary angiogram been undertaken (or planned)?		
	If **Yes**, give date and give details in **section 7**		
	Sight/copy of the angiogram result/report would be useful		
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 24 hour tape result/report would be useful		
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:		

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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 example, 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 using 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 condition 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?		

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

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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 statements below

On occasion, as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Southampton City Council my 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 City 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 Southampton City Council as Licensing Authority about my condition.

I authorise Southampton City 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.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (http://www.southampton.gov.uk/privacy), or on request.

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 completed 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	
		Daytime 'phone	
		PHD/HCD No.	
Post Code			
E-mail address			

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Section 10 – Medical Practitioner Details

To be completed by the Medical Practitioner carrying out the examination

Name		Surgery Stamp
Address		
Post Code		
E-mail address		

	YES	NO
The applicant is registered with this surgery/practice as a patient and I have full access to their medical records	☐	☐
We are an approved SCC medical provider and I have access to the Applicant's medical summary	☐	☐
I consider that the applicant meets the criteria for Group 2 Vocational Driver's Licence as set out in the latest editions of the DVLA publication "For Medical Practitioners – at a Glance Guide for Current Medical Standards Of Fitness to Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive".	☐	☐

THE EXAMINING PRACTITIONER IS REQUIRED TO HAVE FULL ACCESS TO THE APPLICANTS' MEDICAL RECORDS OR IN THE CASE OF AN APPROVED PROVIDER ACCESS TO THEIR MEDICAL SUMMARY IN ORDER TO ASSESS IF THEY ARE OR ARE NOT FIT TO BE A VOCATIONAL DRIVER

GMC registration no.:										

Signature of Medical Practitioner		Date	

Applicants Name:	**Date of Birth:**

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