

| OFFICE USE ONLY | |
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| Amount paid: | |
| Receipt number: | |
| Date: | |

Confidential Medical Report of an applicant of a Hackney Carriage or Private Hire Driver's Licence

Applicant details (to be completed by the Medical Practitioner carrying out the examination)

About You

| | |
|--------------------------|----------------------|
| Title: | <input type="text"/> |
| Surname: | <input type="text"/> |
| Forename(s): | <input type="text"/> |
| Date of birth: | <input type="text"/> |
| Address: | <input type="text"/> |
| Postcode: | <input type="text"/> |
| Home telephone number: | <input type="text"/> |
| Mobile telephone number: | <input type="text"/> |

Have you held a Private Hire Vehicle or Hackney Carriage licence before?

Yes

No

Declaration and authorisation

(to be completed by applicant in presence of Doctor - see notes on Page 5).

If you have knowingly given false information in this examination, you are liable to prosecution.

Consent and Declaration: This section **MUST** be completed and **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 an Officer of the Licensing Authority and/or the Occupational Health Medical Adviser about my medical condition.

Signed:

Print name:

Date:

About your GP and Consultant/ Specialist (if applicable)

GP/Group name:

Address:

Telephone:

Consultant/Specialists name:

Address:

Telephone:

Medical Practitioner's Certificate of Fitness to Drive

I have examined the applicant and in my opinion:

The applicant is fit to drive a Hackney Carriage or Private Hire vehicle.

The applicant is not fit to drive a Hackney Carriage or Private Hire vehicle.

The applicant need not be medically examined again until required by the Council's Conditions

The applicant should be examined again in Month(s) Year(s)

By ticking this box, I declare that I understand and have accessed, the correct amount of medical history (from the customer's GP), that is required under the relevant Hackney Carriage & Private Hire Licensing Policy.

[Maidstone Borough Council](#) – No requirement

[Sevenoaks District Council](#) – 2 Years Medical History

[Tunbridge Wells Borough Council](#) – 5 Years Medical History

Signature of the registered
Medical Practitioner:

Print name:

Date:

Medical Examination – to be completed by the doctor

Please answer all questions.

Section 1: Vision

- 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:
- i. is the uncorrected acuity at least 3/60 in the LEFT eye?
(3/60 being the ability to read the top line of the Snellen Chart at three metres) Yes No
- ii. is the uncorrected acuity at least 3/60 in the RIGHT eye?
(3/60 being the ability to read the top line of the Snellen Chart at three metres) Yes No

- c) Please state all the visual acuities for this applicant is measured:

| Eye | Uncorrected | Corrected |
|-------|-------------|-----------|
| 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

- 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 episodes of unexplained impaired consciousness within the past five years? Yes No
- d) Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past five years? Yes No
- e) Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last two years? Yes No
- f) Is there evidence, with documented signs of neurological or cognitive impairment, of multiple sclerosis? Yes No
- g) Is there Parkinson's Disease or other muscle or movement disorder likely to affect vehicle control? Yes No
- h) Is there a history of brain surgery? Yes No
- i) Is there a history of serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture? Yes No
- j) Is there a history of brain tumour, either benign or malignant, primary, or secondary? Yes No

Section 3: Diabetes Mellitus

a) Does the applicant have diabetes mellitus? Yes No

If 'yes', please answer the following questions. If 'no' proceed to Section 4.

b) Is the diabetes managed by:

i. Insulin? Yes No

ii. Oral hypoglycaemic agents and diet? Yes No

iii. Diet only? Yes No

c) Is the diabetic control generally satisfactory? Yes No

d) Is there evidence of:

i. Loss of visual field? Yes No

ii. Severe peripheral neuropathy? Yes No

iii. Significant impairment of limb function or joint position sense? Yes No

iv. Uncontrolled episodes of hypoglycaemia? Yes No

v. Complete loss of warning symptoms of hypoglycaemia? Yes No

Section 4: Psychiatric Illness

- a) Has the applicant suffered or required treatment for a psychotic illness in the past three years? Yes No
- b) Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past six months? Yes No
- i. If yes to Question 4(b), does the medication cause side effects likely to affect driving ability? Yes No
- ii. If yes to Question 4(b), is the condition stable or resolved? Yes No
- c) Is there confirmed evidence of dementia? Yes No
- d) In the past three years is there a history of:
- i. Continued alcohol abuse or alcohol dependency? Yes No
- ii. Illicit drug or substance use or dependency? Yes No

If 'Yes' to either d(i) or d(ii) please give dates/details of alcohol intake or type of illicit drug, treatment, and compliance with advice:

Section 5: General

- 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? Yes No
- b) Is there a history within the past two years of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? Yes No
- c) Is there serious difficulty preventing adequate communication by telephone in an emergency? Yes No

If 'Yes' to any of the above, please give dates and diagnosis and state whether there is current evidence of dissemination:

Section 6: Cardiac

a) In respects to **coronary artery disease**, is there a history, or evidence of:

i. Angina pectoris or heart failure (whether or not, it is maintained symptom free by the use of medication)? Yes No

ii. Myocardial infarction/any episode of unstable angina? Yes No

iii. Coronary artery bypass graft (CABG)/coronary angioplasty? Yes No

If 'Yes' to (i), (ii) or (iii) please give details/dates:

iv. Coronary artery bypass graft (CABG)/coronary angioplasty? Yes No

If 'Yes' to Question 6 (a .iv), did it show pathological Q waves present in three leads or more, or left bundle branch block? Yes No

If 'Yes' to Question 6(iv), please provide the date the ECG was performed. Please note, a sight of the ECG tracing would be most helpful for this examination, however, an ECG does not need to be undertaken for this examination.

b) In respects to other **vascular disorders**, is there a history, or evidence of:

i. Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5cm or more (whether or not, it has been repaired)? Yes No

ii. Confirmed symptomatic peripheral disease? Yes No

iii. Any other significant vascular disorder (i.e. Marfan syndrome)? Yes No

c) In respects to **Cardiac arrhythmia** and **heart block**, is there a history, or evidence of:

i. Significant disturbance of cardiac rhythm within the past five years? Yes No

ii. Pacemaker or cardioverter defibrillator insertion? Yes No

d) In respects to **Blood pressure**:

i. Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or over, or 110 diastolic or over? Yes No

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? Yes No

e) In respects to acquired **valvular heart disease**:

Is there a history, or evidence, of acquired valvular heart disease, with or without heart valve replacement? Yes No

f) In respects to other **cardiac conditions**:

Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder? Yes No

Notes for applicant

If you knowingly give false information in this examination, you are liable to prosecution.

Before you can be issued with a licence to become or renew your Hackney Carriage or Private Hire licence, the Council must be satisfied that you are fit for this type of driving.

If you have any doubts about your fitness, consult your Doctor **before** you go for an examination.

To make an appointment for the medical examination you must contact your own GP but in circumstances where your GP is not able to offer this service, then a Doctor listed under the British Medical Association (BMA) may be used instead.

Do not sign the form until you are with the Doctor who is examining you and who will complete the report.

IMPORTANT

By law, you must tell the Council at once if, at any time in the future, you have any serious illness or disability, which could affect your driving. This includes mental as well as physical conditions.