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**Confidential Medical Assessment Form  
Driver of a Wheelchair Accessible Vehicle  
Equality Act 2010  
(To be completed by GP or Consultant)**

The Government is committed to an accessible public transport system in which disabled people can enjoy the same opportunities to travel as other members of society. Hackney carriages (Taxis) and private hire vehicles are a vital link in the accessible transport chain and it is important that disabled people who use wheelchairs have confidence that the driver of a taxi or private hire vehicle will assist them at no extra charge.

The Council maintains a list of designated wheelchair accessible vehicles in accordance with Section 167, Equality Act 2010. Section 165 of the Act imposes the following duties on the driver of a designated wheelchair accessible taxi or private hire vehicle:

- to carry the passenger while in the wheelchair;
- not to make any additional charge for doing so;
- if the passenger chooses to sit in a passenger seat, to carry the wheelchair;
- to take such steps as are necessary to ensure that the passenger is carried in safety and reasonable comfort;
- to give the passenger such mobility assistance as is reasonably required.

Mobility assistance is defined as assistance:

- to enable the passenger to get into or out of the vehicle;
- if the passenger wishes to remain in the wheelchair, to enable the passenger to get into and out of the vehicle while in the wheelchair;
- to load the passenger's luggage into or out of the vehicle;
- if the passenger does not wish to remain in the wheelchair to load the wheelchair into or out of the vehicle.

Licensing authorities must issue a certificate, if they are satisfied that it is appropriate to do so, exempting a driver from the duties on medical grounds or on the grounds that the driver's physical condition makes it impossible or unreasonably difficult for him or her to comply with the duties.

In determining whether to issue an exemption certificate the Council requires a driver applying for exemption to produce a Medical Assessment Form completed by a GP or Consultant who has full access to the driver's medical history.

**Patient's Details**

Patient's Name:

Date of birth:

Address:

**General Practitioner or Consultant Details**

Name:

Address:

Telephone number:

Official Practice Stamp:

**Grounds for exemption**

Does the patient have a medical condition or a physical condition that prevents him or her carrying out the duties described overleaf? Yes / No

If "Yes" please give details of the condition and how this affects the patient's ability to perform those duties.

Is this a temporary condition? Yes / No

If "Yes" please indicate how long a Temporary Exemption should be granted for:

**Signature****Date:**