HACKNEY CARRIAGE/PRIVATE HIRE DRIVER



##  MEDICAL REPORT

**Application for a Hackney Carriage/Private Hire Driving Licence.**

* If this is the first application for one of the above licences, you must arrange for a medical examination to be carried out by your **own** Medical Practitioner. You should take this form along with you in order that the Doctor can use it as an aide memoir when carrying out the examination. A further Medical Report is required every three years until aged 65 years and annually thereafter.
* Your Doctor will come to a decision as to your fitness to drive using Group 2 standards for vocational drivers as laid down by the DVLA. The completed Medical Examination, Form E of your application, will be evidence to the Council that your fitness is of the required standard.
* This report is not required by the Council and may be retained by the applicant or lodged with his Medical Practitioner.

# A. WHAT YOU HAVE TO DO

1. **Before** consulting your Doctor please read the notes overleaf at Section C, paragraphs 1, 2 and 3. If you have any of these conditions you may not be granted a licence to drive Hackney Carriage/Private Hire Vehicles.

2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor/Optician **before** you arrange for this medical form to be completed. The Doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is **not** refundable. Carlisle City Council has **no** responsibility for the fee payable to the Doctor.

3. Fill in Section 8 and Section 9 of this report in the presence of the Doctor carrying out the examination.

4. Carlisle City Council must receive this report, together with your application, within 6 months of the Doctor signing the medical report. Failure to submit both forms together will lead to difficulties and delay in processing your application.

5. Applicants who have completed a medical examination in connection with the driving other large or passenger carrying vehicles within the last three years may be excused re examination upon written evidence from their Doctor.

**B. WHAT THE DOCTOR HAS TO DO**

1. Please arrange for the patient to be seen and examined.

2. Please complete sections 1-7 and 10 of this report. You may find it helpful to consult DVLA's "At a Glance Guide for medical practitioners for the current medical standards of fitness to drive" and the Medical Commission on Accident Prevention booklet - "Medical Aspects of Fitness to Drive".

3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence, they must inform the Licensing Manager, Civic Centre, Carlisle CA3 8QG immediately.

4. Please ensure that you have completed all the sections in this form and Form E of the drivers application.

If this report does not bring out important clinical details with respect to driving, please give details in section 7.

**C. MEDICAL STANDARDS FOR DRIVERS OF MEDIUM/LARGE GOODS OR PASSENGER CARRYING VEHICLES**

 Medical standards for drivers of Hackney Carriages and Private Hire vehicles are higher than those required for car drivers.

The following conditions are a bar to the holding of either of these entitlements.

1. **Epileptic attack**

 Applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti-epileptic medication during this ten year period. Carlisle City Council may refuse or revoke the licence if these conditions cannot be met.

2. **Diabetes**

Insulin treated diabetics may not obtain a licence.

3. **Eyesight**

 All applicants, for whatever category of vehicle, must be able to read in good daylight a number plate at 20.5 metres (67 feet), and, if glasses or corrective lenses are required to do so, these must be worn while driving. In addition:

(i) Applicants for Hackney Carriage and Private Hire vehicles must have:

* A visual acuity of at least 6/9 in the better eye; and
* A visual acuity of at least 6/12 in the worse eye; and
* If these are achieved by correction the uncorrected visual acuity in each eye must be no less than 3/60.

An applicant who held a licence before 1 June 2001 and who has an uncorrected acuity of less than 3/60 in only one eye may be able to meet the required standard and should check with Drivers Medical Group, D7, DVLA, Swansea, SA99 1TU, telephone 01792 782337 or email medadviser@dvla.gsi.gov.uk about the requirement. **(These contact details are for the use of medical professionals only)**

(ii) Applicants are also banned by law from holding medium/large goods or passenger carrying vehicle entitlement if they have:

* uncontrolled diplopia (double vision)
* or do not have a normal binocular field of vision

An applicant (or existing licence holder) failing to meet the epilepsy, diabetes or eyesight regulations must be refused by law.

4. **Other Medical Conditions**

 In addition to those medical conditions covered above, applicants (or licence holders) are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:

* Within 3 months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
* A significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
* Suffering from or receiving medication for angina or heart failure
* Hypertension where the BP is persistently 180 systolic or over or 100 diastolic or over
* A stroke, or TIA within the last 12 months
* Unexplained loss of consciousness within the past 5 years
* Meniere's and other conditions causing disabling vertigo, within the past 1 year, and with a liability to recurrence
* Recent severe head injury with serious continuing after effects, or major brain surgery
* Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination
* Suffering from a psychotic illness in the past 3 years, or suffering from dementia
* Alcohol dependency or misuse, or persistent drug or substance misuse or dependency in the past 3 years
* Insuperable difficulty in communicating by telephone in an emergency
* Any other serious medical condition which may cause problems for road safety when driving a Medium/Large Goods or Passenger Carrying Vehicle.
* If major psychotropic or neuroleptic medication is being taken
* Any malignant condition within the last 2 years likely to metastasise to the brain eg Ca lung or malignant melanoma

**Medical Examination**

**to be completed by the Doctor**

Please give patient's weight t kg/st and height ft/cms

Please give details of smoking habits, if any

Please give number of alcohol units taken each week

1. **Vision** (Please see Eyesight notes 3i to 3ii)

1

 Yes No

1. 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? (corrective lenses

 may be worn).

2. If corrective lenses have to be worn to achieve this standard

(a) Is the uncorrected acuity at least 3/60 in the right eye?

(b) Is the uncorrected acuity at least 3/60 in the left eye?

 (3/60 being the ability to read the 60 line of the Snellen

 chart at 3 metres)

(c) Is the correction well tolerated?

3. Please state all the visual acuities for all applicants:

 **Uncorrected Corrected** (if applicable)

Right Left Right Left

4. Is there a full binocular field of vision? (central and peripheral)

(a) If No, and there is a visual field defect please give details

 in Section 7 and enclose a copy of recent field charts, if possible.

5. Is there uncontrolled diplopia?

 If Yes, please give details in Section 7

6. Does the applicant have any other ophthalmic condition?

If Yes, please give details in Section 7

 Please state if you are using a half size Snellen chart at 3m.

 **Nervous System**

2

 Yes No

1. Has the applicant had any form of epileptic attack?

(a) If Yes, please give date of last attack

(b) If treated, please give date when treatment

 ceased

 Yes No

2. Is there a history of blackout or impaired consciousness within

 the last 5 years?

 If Yes, please give date(s) and details in Section 7

3. Is there a history of stroke or TIA within the past 5 years?

 If Yes, please give date(s) and details in Section 7

4. Is there a history of sudden disabling dizziness/vertigo within

 the last 1 year with a liability to recur?

 If Yes, please give date(s) and details in Section 7

5. Does the patient have a pathological sleep disorder?

 If Yes, has it been controlled successfully?

Please give details in Section 7

6. Is there a history of chronic and/or progressive neurological disorder?

 If yes, please give date(s) and details in Section 7

7. Is there a history of brain surgery?

 If Yes, please give date(s) and details in Section 7

8. Is there a history of serious head injury?

 If Yes, please give date(s) and details in Section 7

9. Is there a history of brain tumour, either benign or malignant,

 primary of secondary?

 If Yes, please give date(s) and details in Section 7

 **Diabetes Mellitus**

3

Yes No

1. Does the applicant have diabetes mellitus?

If Yes, please answer the following questions

 If No, proceed to Section 4

2. Is the diabetes managed by:

(a) Insulin?

(b) If Yes, date started on insulin

(c) Oral hypoglycaemic agents and diet?

(d) Diet only?

3. Is the diabetic control generally satisfactory?

4. Is there evidence of:

(a) Loss of visual field?

 Yes No

(b) Has there been bilateral laser treatment?

 If Yes, please give date

(c) Severe peripheral neuropathy?

(d) Significant impairment of limb function

 or joint position sense?

(e) Significant episodes of hypoglycaemia?

(f) Complete loss of warning symptoms of hypoglycaemia?

 If Yes, to any of the above, please give details in Section 7

 **Psychiatric Illness**

4

 Yes No

1. Has the applicant suffered from or required treatment for a

 psychotic illness in the past 3 years?

 If Yes, please give date(s) and details in Section 7

2. Has the applicant required treatment for any other significant

 psychiatric disorder within the past 6 months?

 If Yes, please give date(s), details of medication and period of

 stability in Section 7

3. Is there any evidence of dementia or cognitive impairment?

 If Yes, please give details in Section 7

4. Is there a history or evidence of alcohol misuse or

 alcohol dependency in the past 3 years?

5. Is there a history or evidence of persistent drug or substance misuse

 or dependency in the past 3 years?

 If Yes, to questions 4 or 5, please give details in Section 7

 **General**

5

 Yes No

1. Has the applicant currently a significant disability of the spine or limbs

 which is likely to impair control of the vehicle?

 If Yes, please give details in Section 7

2. Is there a history of bronchogenic carcinoma or other malignant

tumour, for example, malignant melanoma, with a significant liability

to metastasise cerebrally?

If Yes, please give dates and diagnosis and state whether there is

current evidence of dissemination

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 Yes No

3. Is the applicant profoundly deaf?

 If Yes, could this be overcome by any means to allow a telephone

 to be used in an emergency?

6

 **Cardiac**

Yes No

A. Coronary Artery Disease

 Is there a history of:

1. Myocardial Infarction?

 If Yes, please give date(s)

2. Coronary artery by-pass graft?

 If Yes, please give date(s)

3. Coronary Angioplasty?

 If Yes, please give date(s)

4. Any other Coronary artery procedure?

 If Yes, please give details in Section 7

5. Has the applicant suffered from Angina?

 If Yes, please give the date of the last attack

6. Has the applicant suffered from Heart Failure?

 If Yes, is the applicant still suffering from Heart Failure or

 only remains controlled by the use of medication?

7. Has a resting ECG been undertaken? If No, proceed to question 8

(a) If Yes, please give date

(b) Does it show pathological Q waves?

(c) Does it show Left Bundle branch block?

8. Has an exercise ECG been undertaken (or planned)?

 If Yes, please 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

9. Has an angiogram been undertaken (or planned)?

 If Yes, please give date and give details in Section 7

B. Cardiac Arrhythmia Yes No

1. Has the applicant had a significant documented disturbance

 of cardiac rhythm within the past 5 years?

If Yes, please give details in Section 7

If No, proceed to Section C overleaf

 Yes No

2. Has the arrhythmia (or its medication) caused symptoms of

 sudden dizziness or impairment of consciousness or any

 symptom likely to distract attention during driving within

 the past 2 years?

3. Has Echocardiography been undertaken?

If Yes, please give details in Section 7

4. Has an exercise test been undertaken?

 If Yes, please give details in Section 7

5. Has a cardiac defibrillator or antiventricular tachycardia

 device been implanted?

6. Has a pacemaker been implanted?

 If No, proceed to Section C overleaf

(a) If Yes, was it implanted to prevent Bradycardia?

(b) Is the applicant continuing to suffer from sudden

 and/or disabling symptoms?

(c) Does the applicant attend a pacemaker clinic regularly?

C. Other Vascular Disorders

1. Is there a history of Aortic aneurysm (thoracic or abdominal)

 with a transverse diameter of 5cms or more?

 If No, proceed to Section D

 If Yes, has the aneurysm been successfully repaired?

2. Has there been dissection of the Aorta?

3. Is there a history or evidence of peripheral vascular disease?

 If Yes, please give details in Section 7

D. Blood Pressure

1. Does the patient suffer from hypertension requiring treatment?

(a) If Yes, is the systolic pressure consistently greater than 180?

(b) Is the diastolic pressure consistently greater than 100?

(c) Does the hypertensive treatment cause any side effects

 likely to affect driving ability?

2. Is it possible that your patient suffers from hypertension but as

 yet the diagnosis is not definitely established?

 If Yes, please supply last 3 readings and dates obtained

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E. Valvular Heart Disease Yes No

1. Is there a history of acquired valvular heart disease

 (with or without surgery)?

 If No, proceed to Section F

2. Is there any history of embolism? (not pulmonary embolism)

 If Yes, please give details in Section 7

3. Is there persistent dilatation or hypertrophy of either ventricle?

 If Yes, please give details in Section 7

F. Cardiomyopathy

1. Is there established cardiomyopathy?

2. Has there been a heart or heart/lung transplant?

 If Yes, please give details in Section 7

G. Congenital Heart Disorders

1. Is there a congenital heart disorder?

(a) If Yes, please give details in Section 7

(b) If Yes, is it currently regarded as minor?

H. Specialist Cardiac Clinics

 Is the patient in the care of a Specialist cardiac clinic?

 If Yes, please give details in Section 7

**Please remember to complete SECTION 7 if you have answered YES to any question**

7

 Please forward copies of all hospital notes if available

Applicant's name DOB

 Applicant's consent and declaration

8

Consent and Declaration

This section must be completed and must not be altered in any way.

Please sign statements below

l authorise my Doctor(s) and Specialist(s) to release reports to Carlisle City Council Licensing Officer about my medical condition.

l authorise Carlisle City Council and their Officers to divulge relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiry into my fitness to drive.

l declare that l have checked the details l have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Signature Date

l authorise Carlisle City Council to release medical information to my Doctors and/or Specialists about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive).

Signature Date

**Note about consent**

You will see that we have asked for your consent, not only for the release of medical reports from your doctors, but also that we might in our turn very occasionally release medical information to Doctors or Paramedical staff, either because we wish you to be examined, and the doctors need to know the medical details, or because we require further information. You need to understand quite clearly how we define Paramedical staff. Some patients need to be assessed in Driving Assessment Centres who employ Occupational Therapists, Physiotherapists, Orthoptists and experienced driving instructors, all of who need to understand about a patient's medical condition in order to produce a helpful report. Only occasionally do we need to do this and it may well not apply in your case. We never under any circumstances release information which is not relevant to fitness to drive, nor would we expect to receive this from your Doctors.

We hope you will find this helpful and reassuring and will return the signed consent so that we might proceed with our investigations.

 Your details

9

 Date of Birth

Your name

 Telephone -home

 Daytime/work

Your address

10

 Doctor’s details

Name

Address

Signature of

Medical Practitioner Date