Licensing Partnership

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MEDICAL IN CONFIDENCE for MAIDSTONE BOROUGH COUNCIL

MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE OR A PRIVATE HIRE DRIVER'S LICENCE

This application form must be completed by a registered Medical Practitioner only

The details asked for below are in accordance with the criteria set out in the DVLA's latest guide of Medical Aspects of Fitness for LGV or PVC drivers.

ABOUT YOU			
Surname		**Forename (s)**	
Any previous or other name			
Current home address: _____ _____ _____ _____ **Post code:** _____			
Home telephone number:		**Mobile telephone number:**	
Work/daytime telephone number:			

ABOUT YOUR GP/GROUP PRACTICE **ABOUT YOUR CONSULTANT/SPECIALIST (if applicable)**			
GP / Group name:	...	**Consultant's name:**	
Address:		**Address:**	
Telephone number:		**Telephone number:**	
Date last seen:			
Did you hold an HGV licence valid at 1 January 1983? ☐ **Yes** ☐ **No**			
Did you hold a PSV licence valid at 1 January 1983?			

Yes ☐ No ☐	
Have you ever held a Hackney Carriage or Private Hire Driver's licence before? Yes ☐ No ☐	
SECTION 1	**Eyesight**
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 (1) Is the UNCORRECTED acuity at least 3/60 in the left eye? Yes ☐ No ☐ (2) Is the UNCORRECTED acuity at least 3/60 in the right eye? Yes ☐ No ☐ (3/60 being the ability to read the top line of the Snellen Chart at 6 metres)	
C) Please state all the visual acuities for all applicants measured. Uncorrected Corrected (if applicable) Left ☐ Right ☐ 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 5 years? Yes ☐ No ☐	
D) Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past 5 years? Yes ☐ No ☐	
E) Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last 2 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 since the last licence was issued? Yes ☐ No ☐	
I) Is there a history or serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the licence was issued?	

Yes ☐ No ☐

(Note: in the case of a first application for a licence please answer H or I above)

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 ☐

If 'Yes' insert the date started on insulin_____

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 3 years?

Yes ☐ No ☐

B) Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months?

Yes ☐ No ☐

If 'Yes' i) Does the medication cause side effects likely to affect driving ability?
ii) Is the condition stable of dementia?

C) Is there confirmed evidence of dementia?

Yes ☐ No ☐

D) In the past 3 years:-

i) Is there a history of continued alcohol abuse or alcohol dependency?

Yes ☐ No ☐

ii) Is there a history of illicit drug or substance use or dependency?

Yes ☐ No ☐

If 'Yes' to either i) or ii) please give dates/details of alcohol intake or type of illicit drugs, 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 2 years of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?

Yes ☐ **No** ☐

If 'Yes', please give dates and diagnosis and state whether there is current evidence of dissemination.

_____

_____

SECTION 6	**Cardiac**

A) Coronary artery disease

Is there a history, or evidence, of:

i) Angina pectoris or heart failure (whether or not maintained symptom free by use of medication)?

Yes ☐ **No** ☐ **ii)**

ii) Myocardial infarction/any episode of unstable angina?

Yes ☐ **No** ☐

iii) Coronary artery by-pass graft (CABG)/coronary angioplasty?

Yes ☐ **No** ☐

If 'Yes' to I, ii or iii please give details/dates

_____

_____

iv) Has a resting EG been performed previously?

Yes ☐ **No** ☐

If 'Yes' did it show pathological Q waves present in 3 leads or more, or left bundle branch block?

Date ECG performed _____

(A sight of the ECG tracing would be most helpful).

Please note that an ECG does not need to be undertaken for the examination.

B) Other vascular disorders

Is there a history, or evidence, of:

i) Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5 cm or more (whether or not it has bee repaired)?

ii) Confirmed symptomatic peripheral arterial disease?

iii) Any other significant vascular disorder (i.e. Marfans)?

C) Cardiac arrhythmia and heart block

Is there a history, or evidence, of:

i) Significant disturbance of cardiac rhythm within the past 5 years?

Yes ☐ **No** ☐

If 'Yes' please give details

_____

_____

ii) Pacemaker or cardioverter defibrillator insertion?

Yes ☐ **No** ☐

D) Blood pressure

i) Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or over 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) Acquired valvular heart disease

Is there a history, or evidence, of acquired valvular heart disease, with or without valve replacement?

Yes ☐ **No** ☐

F) 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** ☐

SECTION 7	**Medical Practitioner Details (To be completed by Doctor carrying out the examination)**

Stamp
Name _____

Address _____

_____

_____

Telephone number: _____

Signature: _____ **(of Medical Practioner)**

Date: _____

Declaration and Authorisation
(To be completed by applicant in presence of Doctor)

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

Consent and Declaration. This section MUST be completed and MUST 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 the Secretary of State's Medical Advisor about my medical condition.

Signature: _____ **Date:** _____

Please remember to sign and date this form – MEDICAL IN CONFIDENCE

Licensing Partnership

MEDICAL CERTIFICATE FOR MAIDSTONE BOROUGH COUNCIL APPLICANTS

This medical has been carried out in accordance with the standards set out in the "Medical Aspects of Fitness to Drive" which is the guide used by Medical Practitioners when examining drivers for LGV and PCV (Group II entitlement). This is the standard, which has been adopted by Maidstone Borough Council for all Hackney Carriage and Private Hire drivers.

Surname		**Forename (s)**	
Title			
Current home address: _____ _____ _____ **Post code:** _____			
Date of birth:			
Signature:			

NOTES

This certificate is confidential and for use only by Maidstone Borough Council.

	Question	Response
1.	**Using your professional judgement having medically examined the above applicant in accordance with the guide used for examining HGV and PSV drivers which has been adopted as the appropriate standard by Maidstone Borough Council, is he/she considered fit to carry out the duties of a Hackney Carriage or Private Hire driver? (If no, please give reasons).**	
2.	**If any further investigation or examination is required regarding the applicant's medical fitness, please indicate.**	

I certify that I have today examined: _____

Signature of Registered Medical Practitioner: _____

Address: _____

_____

Dated: _____