Licensing Partnership

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:	
Surname:	
Forename(s):	
Date of birth:	
Address:	
Postcode:	
Home telephone number:	
Mobile telephone number:	

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 arrythmia** 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.