



MEDICAL IN CONFIDENCE
WAVERLEY BOROUGH COUNCIL

MEDICAL REPORT

MEDICAL REPORT

**On an applicant for Hackney Carriage and Private Hire Driver's Licences
(Passenger Carrying Vehicle Entitlement)**



If this is your first application for the above you **must** send in this form completed by your own Doctor. You must also do this every five years if you are applying to renew your licence, and every year after age 60. You are required to complete this form so that Waverley Borough Council can verify your fitness to drive Hackney Carriage/Private Hire vehicles. This medical report will be retained until it is superseded.

A. What you have to do

1. **BEFORE** consulting your Doctor please read the notes overleaf at **Section C, paragraphs 1, 2 and 3.** (“Medical standards for drivers of Hackney Carriage and Private Hire vehicles”)
2. If, after reading the notes, you have any doubts about your ability to meet 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. Waverley Borough Council has **no** responsibility for the fee payable to the Doctor.
3. Fill in **Section 8 and Section 9 on pages 7 and 8** of this report in the presence of the Doctor carrying out the examination.
4. The Licensing section, Waverley Borough Council, Council Offices, The Burys, Godalming, Surrey GU7 1HR must receive this report within 3 months of the Doctor signing the report.

B. What the doctor has to do 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” 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 the future they develop symptoms of a condition which could affect safe driving and they hold a Hackney Carriage or Private Hire Driver's Licence, Waverley Borough Council should be informed immediately.
4. **Please ensure you have completed all the sections.**

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 Hackney Carriage and Private Hire Vehicles

Waverley Borough Council requires that drivers of Hackney Carriage or Private Hire vehicles achieve a higher standard of medical fitness than car drivers. The standard required by the Council is the same standard applied by the DVLA to the grant of public service and heavy goods vehicle licences and is known as a 'Group 2' level of medical fitness.

The following conditions are a bar to holding a Hackney Carriage or Private Hire Driver's Licence.

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. Waverley Borough Council must refuse or revoke the licence if these conditions cannot be met.

2. Diabetes

Insulin treated diabetics may **not** obtain a licence unless they held a Hackney Carriage or Private Hire Driver's licence valid at 1 April 1991 and the Licensing Authority who issued the licence, had knowledge of the insulin treatment before 1 January 1991.

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 or Private Hire Drivers' Licences 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 Hackney Carriage or Private Hire Drivers licence before 1 January 1997 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 Waverley Borough Council about the requirement.

An applicant who has held a Hackney Carriage or Private Hire Drivers licence before 1 March 1992 but who does not meet the standard in **(i)** above **may** still qualify for a licence. Information about the standard and other requirements can be obtained from Waverley Borough Council.

(ii) Applicants are also banned from holding Hackney Carriage or Private Hire Drivers licences if they have:

- **Uncontrolled diplopia (double vision), or**
- **Do not have a normal binocular field of vision**

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

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 BP is persistently 180 systolic or over, 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 Hackney Carriage or Private Hire vehicle
- if major psychotropic or neuroleptic medication is being taken
- any malignant condition within the last 2 years likely to metastasise (spread) to the brain e.g. Ca lung of lung or malignant melanoma.

Medical Examination

To be completed by the Doctor (please use black ink)
Please answer all questions

Please give patient's weight _____ 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 on page 2)

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). Yes No
2. Do corrective lenses have to be worn to achieve this standard? Yes No
 - (a) If **Yes**, is the **uncorrected** acuity **at least** 3/60 in the **right** eye? Yes No
 - (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) Yes No
 - (c) Is the correction well tolerated? Yes No
3. Please state all the visual acuities for all applicants: Yes No

	Uncorrected		Corrected (if applicable)
Right <input style="width: 80px;" type="text"/>	Left <input style="width: 80px;" type="text"/>	Right <input style="width: 80px;" type="text"/>	Left <input style="width: 80px;" type="text"/>

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 Yes No
 5. Is there **uncontrolled** diplopia?
If **Yes**, please give details in **Section 7** Yes No
 6. Does the applicant have any other ophthalmic condition?
If **Yes**, please give details in **Section 7** Yes No
- Please state if you are using a half size Snellen chart at 3 metres Yes No
If Yes, please give details/add notes in Section 7
details/add notes in Section 7

2. Nervous System

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has the applicant had any form of epileptic attack?
(a) If Yes , please give date of last attack <input style="width: 150px;" type="text"/>
(b) If treated, please give date when treatment ceased <input style="width: 150px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the patient have a pathological sleep disorder?
If Yes , has it been controlled successfully? Please give details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a history of chronic and/or progressive neurological disorder?
If Yes , please give date(s) and details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a history of brain surgery?
If Yes , please give date(s) and details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a history of serious head injury?
If Yes , please give date(s) and details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a history of brain tumour, either benign or malignant, primary or secondary?
If Yes , please give date(s) and details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's name **DOB**

6. Cardiac

A. Coronary Artery Disease

Is there a history of-		Yes	No
1.	Myocardial Infarction? If Yes , please give date(s) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Coronary artery by-pass graft? If Yes , please give date(s) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Coronary Angioplasty? If Yes , please give date(s) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any other Coronary artery procedure? If Yes , please give details in Section 7	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has the applicant suffered from Angina? If Yes , please give the date of the last attack <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has a resting ECG been undertaken? If No , proceed to question 8	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If Yes , please give date and outcome <input type="text"/>		
	(b) Does it show pathological Q waves?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Does it show Left bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has an exercise ECG been undertaken (or planned)? If Yes , please give date <input type="text"/> and give details in Section 7 Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has an angiogram been undertaken (or planned)? If Yes , please give date <input type="text"/> Please give details/add notes in Section 7	<input type="checkbox"/>	<input type="checkbox"/>

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/add notes in Section 7 If No , proceed to section C overleaf	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has Echocardiography been undertaken? If Yes , please give details in Section 7	<input type="checkbox"/>	<input type="checkbox"/>
4. Has an exercise test been undertaken? If Yes , please give details Section 7	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a cardiac defibrillator or antivenricular tachycardia device been implanted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a pacemaker been implanted? If No , proceed to Section C overleaf	<input type="checkbox"/>	<input type="checkbox"/>
(a) If Yes , was it implanted to prevent Bradycardia?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is the applicant continuing to suffer from sudden and/or disabling symptoms	<input type="checkbox"/>	<input type="checkbox"/>
(c) Does the applicant attend a pacemaker clinic regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's name <input type="text"/>	DOB <input type="text"/>	

C. Other Vascular Disorders

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there a history of Aortic aneurysm (thoracic or abdominal) with a transverse Diameter of 5 cms or more?
If No , proceed to Section D | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes , has the aneurysm been successfully repaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has there been dissection of the Aorta? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a history or evidence of peripheral vascular disease?
If Yes , please give details/add notes in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |

D. Blood pressure

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the patient suffer from hypertension requiring treatment?
If yes, please give information on medication and toleration in Section 7
(a) If Yes , is the systolic pressure consistently greater than 180? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is the diastolic pressure consistently greater than 100? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Does the hypertensive treatment cause any side effects likely to affect driving ability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it possible that your patient suffers from hypertension but as yet the diagnosis is not definitely established? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes , please supply last 3 reading and dates obtained | | |
| | | |

Please give details/add notes in Section 7

E. Valvular Heart Disease

- | | | |
|--|--------------------------|--------------------------|
| 1. Is there a history of acquired valvular heart disease (with or without surgery)?
If No , proceed to Section F | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any history of embolism? (not pulmonary embolism)
If Yes , please give details/add notes in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there persistent dilation or hypertrophy of either ventricle?
If Yes , please give details/add notes in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |

F. Cardiomyopathy

- | | | |
|---|--------------------------|--------------------------|
| 1. Is there established cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has there been a heart or heart/lung transplant
If Yes , please give details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |

G. Congenital Heart Disorders

- | | | |
|---|--------------------------|--------------------------|
| 1. Is there a congenital heart disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) If Yes , please give details/add notes in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) If Yes , is it <u>currently</u> regarded as minor? | <input type="checkbox"/> | <input type="checkbox"/> |

H. Specialist Cardiac Clinics

- | | | |
|--|--------------------------|--------------------------|
| 1. Is the patient in the care of a Specialist cardiac clinic?
If Yes , please give details/add notes in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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

Applicant's name

DOB

Note to the Doctor:

7. Please give details/add notes here on questions (or on separate sheet) as appropriate. Information on medication and its toleration by the patient will help the Council to understand whether the medical needs to be referred to the Council's doctor for further consideration.

Please forward copies of all hospital notes if available

Applicant's name

DOB

8. Applicant's consent and declaration

Consent and Declaration

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

Please sign statements below.

I authorise my Doctor(s) and Specialist(s) to release reports to Waverley Borough Council's Medical Adviser about my medical condition, and I undertake to pay any associated medical fee in relation to my report(s).

I authorise Waverley Borough Council's Medical Adviser 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.

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

Signature

Date

I authorise Waverley Borough Council's Medical Adviser 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. Many patients need to be assessed in Driving Assessment Centres who employ Occupational Therapists, Physiotherapists, Orthoptists and experienced driving instructors, all of whom 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.

Applicant's Details
To be completed in the presence of the
Medical Practitioner carrying out the examination

Please make sure that you have printed your name and date of birth
on each page before sending this form with your application

9. Your details

Your name	Date of Birth	
Your address	Telephone - Home	
	Daytime/work	
	About your Consultant/Specialist current or previous (if applicable)	

About your GP/Group Practice

GP/Group name
Address
Telephone

Consultants name
Address
Telephone

Date when first licensed to drive a Hackney Carriage or Private Hire vehicle

Date last seen

Medical Practitioner Details
to be completed by Doctor carrying out the examination

10. Doctor's details

Name
Address

Surgery Stamp

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I CERTIFY that I have this day examined the applicant, who has signed this form in my presence.

Does the applicant in your opinion meet the standard of medical fitness required for a Group 2 driver, as set out in the current edition of "Medical Aspects of Fitness to Drive" and DVLA's "At a Glance"?

YES NO

Signature of Medical Practitioner

Date