

Medical Examination Report for Hackney Carriage and Private Hire Drivers

Group II Medical Examination Report Form

Information notes

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

You are required provide a Medical Examination Report to the effect that you are physically fit to hold a Hackney Carriage / Private Hire Driver Licence and is for the confidential use of the Licensing Authority.

This form must be completed by a GP who has access to the full medical/history of the applicant.

You are required to complete a further Group II Medical Report Form for every Driving Licence renewal (every 3 years) until the age of 65. From the age of 65, a Group II Medical Report Form is required annually.

Any fees charged are payable by the applicant.

- **please use this form to record medical examination details**
- **please complete in block capital letters in black ink**

Licensing Officers are not permitted to complete or amend forms on behalf of applicants.

Note

Any existing licensed private hire/hackney carriage driver must immediately inform the Council in writing of any deterioration in health or of any injury that would affect his/her ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability).

Guidance notes

What you have to do:

1. Before consulting a GP you may find it helpful to consult the DVLA's Assessing fitness to drive document. This is available for download here: Assessing fitness to drive: a guide for medical professionals <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP/Optician before you arrange for this medical form to be completed as the GP will normally charge you for completing it. In the event of your application being refused, the fee you pay the GP is not refundable. Westmorland and Furness Council has no responsibility for medical fees.
3. Fill in Section 10 of this report in the presence of the GP carrying out the examination.

4. Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

What the GP has to do:

1. Please arrange for the patient to be seen and examined having access to, and regard for, their medical records.
2. Please complete Sections 1-9 and 11 of this report. Please ensure the applicant completes Section 10 in your presence. You may find it helpful to consult the DVLA's Assessing fitness to drive document. This is available for download here: <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
3. Applicants who may be asymptomatic at the time of the examination are to be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage and/or Private Hire driver licence they must immediately inform the Licensing Team at Westmorland and Furness Council. Please record any advice given at Section 6.
4. Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details which may affect the applicant's fitness to drive, please give details in Section 6.

Westmorland and Furness Council Medical Examination Form

Important information for doctors

Please read and follow the information below before deciding if you are able to **fully** and **accurately** fill in the vision assessment. **If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.**

We will make a licensing decision based on the information you provide. What you need to assess:

If glasses (not contact lenses) are worn for driving, you MUST be able to establish the diopetre measurement of the correction used. If the correction is greater than +8 dioptres in any meridian of either lens, we may not be able to issue a Group 2 licence.

Applicants (hackney or private hire) must have, as measured by the 6 metre Snellen chart:

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- we cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

Before you fill in this report, please:

- check the applicant's identity
- read the information leaflet INF4D (Medical examination report). This can be viewed in PDF format at: <https://www.gov.uk/reapply-driving-licence-medical-condition>

The applicant is responsible for any fee payable for completion of the assessment. Westmorland and Furness Council will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date both parts of the form.



Medical Examination Report for a Hackney Carriage or Private Hire Licence

If this form is not fully completed we will return it to you and your application will be delayed

Your details (applicant)

Name:	<input type="text"/>
Address:	<input type="text"/>
Daytime phone number:	<input type="text"/>
Mobile phone number:	<input type="text"/>
Email:	<input type="text"/>
Date of Birth:	<input type="text"/>

Your doctor's details:

Doctor's name:	<input type="text"/>
Address:	<input type="text"/>
Phone number:	<input type="text"/>
Email:	<input type="text"/>

Examining doctor's details: To be completed by the doctor carrying out the examination

Doctor's name:	<input type="text"/>
Address:	<input type="text"/>
Phone number:	<input type="text"/>
Email:	<input type="text"/>
GMC registration number:	<input type="text"/>



1. Please confirm (✓) the scale you are using to express the applicant's visual acuities.

Snellen ☐ Snellen expressed as a decimal ☐ LogMAR ☐

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

- (a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L Yes ☐ No ☐

- (b) Are corrective lenses worn for driving? ☐ Yes ☐ No

If no, go to Q3.

If yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L

- (c) What kind of corrective lenses are worn to meet this standard?

Glasses ☐ Contact lenses ☐ Both together ☐

- (d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes ☐ No ☐

- (e) If correction is worn for driving, is it well tolerated? Yes ☐ No ☐

If no, please give full details in Q8.

3. Is there a known visual field defect? Yes ☐ No ☐

4. Are there any medical conditions which might result in a visual field defect? Yes ☐ No ☐

- (a) If yes, has a visual field defect been excluded? Yes ☐ No ☐

- (b) Please provide the condition:

If formal visual field testing is considered necessary, DVLA will commission this at a later date.

5. Is there diplopia? Yes ☐ No ☐

- (a) Is it controlled? Yes ☐ No ☐

Please indicate below and give full details in Q8.

Patch or glasses with frosted glass ☐ Glasses with/without prism ☐ Other (if other please provide details) ☐

6. Does the applicant report symptoms of any of the following that impairs their ability to drive? Yes ☐ No ☐

Please indicate below and give full details in Q8 below.

- (a) Intolerance to glare (causing incapacity rather than discomfort) and/or ☐
(b) Impaired contrast sensitivity and/or ☐
(c) Impaired twilight vision ☐

7. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? Yes ☐ No ☐

If yes, please give full details in Q8 below.

8. Details or additional information

Name of examining doctor, optician or optometrist undertaking vision assessment

I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration.

Signature of examining doctor, optician or optometrist

Date of signature

D	D	M	M	Y	Y
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Please provide your GOC or GMC number

--	--	--	--	--	--	--	--	--	--

Doctor, optometrist or optician's stamp

Applicant's full name

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Please do not detach this page



1 Neurological disorders

Please tick ✓ the appropriate boxes

Does the applicant have a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)?

Yes No
☐ ☐

If no, go to section 2, Diabetes mellitus

If yes, please answer all questions below.

1. Has the applicant had any form of seizure? Yes No
☐ ☐
- (a) Has the applicant had more than one seizure episode? ☐ ☐
- (b) Please give date of first and last episode.
First episode
Last episode
- (c) Is the applicant currently on anti-seizure medication? ☐ ☐
- (d) If no longer treated, when did treatment end?
- (e) Has the applicant had a brain scan? ☐ ☐
If yes, please give details in section 9, page 6.

2. Has the applicant experienced any dissociative/functional seizures? Yes No
☐ ☐
- (a) If yes, please give date of most recent episode.
- (b) If yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving? ☐ ☐

3. Stroke or TIA? Yes No
☐ ☐
- If yes, give date.
- (a) Has there been a **full** recovery? ☐ ☐
- (b) Has a carotid ultrasound been undertaken? ☐ ☐
- (c) If yes, was the carotid artery stenosis >50% in either carotid artery? ☐ ☐
- (d) Is there a history of multiple strokes/TIAs? ☐ ☐

4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur? ☐ ☐

5. Subarachnoid haemorrhage (non-traumatic)? ☐ ☐

6. Significant head injury within the last 10 years? ☐ ☐

7. Any form of brain tumour? ☐ ☐

8. Other intracranial pathology? ☐ ☐

9. Chronic neurological disorder(s)? ☐ ☐

10. Parkinson's disease? ☐ ☐

11. Blackout, impaired consciousness or loss of awareness within the last 5 years? ☐ ☐

2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes No
☐ ☐

If no, go to section 3, Cardiac

If yes, please answer all questions below.

1. Is the diabetes treated by: Yes No
(a) Insulin? ☐ ☐
If no, go to 1c
If yes, please give date started on insulin.
- (b) Are there at least 4 continuous weeks of glucose readings stored on a memory meter or meters? ☐ ☐
If no, please give details in section 9, page 6.
- (c) Other injectable treatments? ☐ ☐
- (d) A Sulphonylurea or a Glinide? ☐ ☐
- (e) Oral hypoglycaemic agents and diet? ☐ ☐
- (f) Diet only? ☐ ☐

2. (a) Does the applicant test glucose at least twice every day? Yes No
☐ ☐
- (b) Does the applicant test glucose at times relevant to driving? (Within 2 hours of starting their first journey of the day and continuing to check at least every 2 hours during their journey. There must be no more than 2 hours between glucose checks at any time during their journey). ☐ ☐
- (c) Does the applicant keep fast-acting carbohydrate within easy reach whilst driving? ☐ ☐
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? ☐ ☐

3. (a) Has the applicant ever had a hypoglycaemic episode? Yes No
☐ ☐
- (b) Is there full awareness of hypoglycaemia? ☐ ☐

4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No
☐ ☐
- If yes, please give details and dates below.

5. Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No
☐ ☐
- If yes, please give most recent date of treatment.

Applicant's full name

Date of birth

e Cardiac other		
Is there a history or evidence of heart failure?	Yes	No
If no, go to section 3f, Cardiac channelopathies	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please answer all questions below.		
1. Please provide the NYHA class, if known.	<input type="text"/>	
2. Established cardiomyopathy?	Yes	No
If yes, please give details in section 9, page 6.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
4. A heart or heart/lung transplant?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence or history of pulmonary arterial hypertension?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

f Cardiac channelopathies	
Is there a history or evidence of the following conditions?	Yes No <input type="checkbox"/> <input type="checkbox"/>
If no, go to section 3g, Blood pressure	
1. Brugada syndrome?	Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Long QT syndrome?	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes to either, please give details in section 9, page 6.	

g Blood pressure

All questions must be answered.

If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

- Please record today's best resting blood pressure reading.
- Is the applicant on anti-hypertensive treatment? Yes No
If yes, please provide three previous readings with dates if available.

	/
	/
	/

D	D	M	M	Y	Y
D	D	M	M	Y	Y
D	D	M	M	Y	Y

h Cardiac investigations

Have any cardiac investigations been undertaken or planned?

If no, go to section 4, Psychiatric illness

If yes, please answer questions 1 to 5.

1. Is there a history of the following:

(a) left bundle branch block (LBBB)?

(b) right bundle branch block (RBBB)?

(c) paced rhythm?

If yes to (a), (b) or (c), please give details in section 9, page 6.

Note: If yes to questions 2 to 5, please give dates in the boxes provided, give details in section 9, page 6.

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

<p>Is there a history of drug/alcohol misuse or dependence?</p>	Yes	No
<p>If no, go to section 6, Sleep disorders</p> <p>If yes, please answer all questions below.</p>		
<p>1. Is there a history of an alcohol use disorder (sufficient to cause significant physical, mental or social consequences) in the past 10 years?</p>		
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. If there is a history of an alcohol use disorder, has this been associated with any of the following features which indicate a physiological dependence on alcohol:</p>		
<p>(a) Required medical assisted withdrawal?</p>		
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
<p>Date treatment ended: <input style="width: 150px;" type="text"/></p>		
<p>(b) Alcohol withdrawal seizure?</p>		
	<input type="checkbox"/>	<input type="checkbox"/>
<p>Date of last event: <input style="width: 150px;" type="text"/></p>		
<p>3. Based on their clinical record and/or account of drinking provided to you, is their alcohol consumption:</p>		
<p>(a) Abstinent? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>		
<p>If yes, for how long: <input style="width: 150px;" type="text"/></p>		
<p>(b) Controlled? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>		
<p>If yes, for how long: <input style="width: 150px;" type="text"/></p>		
<p>4. Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years?</p>		
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
<p>(a) If yes, the type of substance misused?</p>		
<p><input style="width: 150px;" type="text"/></p>		
<p>(b) Is it controlled?</p>		
	<input type="checkbox"/>	<input type="checkbox"/>
<p>(c) Has the applicant undertaken an opiate treatment programme?</p>		
	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, give date started <input style="width: 150px;" type="text"/></p>		

5

6 Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness? Yes ☐ No ☐

If no, go to section 7, Other medical conditions.

If yes, please give diagnosis and answer all questions below.

- a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity:

Mild (AHI <15) ☐

Moderate (AHI 15 - 29) ☐

Severe (AHI >29) ☐

Not known ☐

If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 6, Further details.

- b) Please answer questions (i) to (iv) for **all** sleep conditions.

(i) Date of diagnosis: Yes ☐ No ☐

(ii) Is it controlled successfully? ☐ ☐

(iii) Is applicant compliant with treatment? ☐ ☐

(iv) Date of last review.

7 Other medical conditions

1. Is there a history or evidence of narcolepsy? Yes ☐ No ☐

2. Is there any impairment resulting from either a physical or non-physical medical condition which is likely to affect the ability to control a vehicle? Yes ☐ No ☐

If yes, please provide information in section 9, page 6.

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes ☐ No ☐

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes ☐ No ☐

5. Does the applicant have a history of liver disease of any origin? Yes ☐ No ☐
If yes, is this the result of alcohol misuse? ☐ ☐
If yes, please give details in section 9, page 6.

6. Is there a history of renal failure? Yes ☐ No ☐
If yes, please give details in section 9, page 6.

7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes ☐ No ☐

8. Does the applicant have any other medical condition that could affect safe driving? Yes ☐ No ☐
If yes, please provide details in section 9, page 6.

8 Medication

Is the applicant currently prescribed any of the following medication:

- | | Yes | No |
|---------------------------------|--------------------------|--------------------------|
| (a) Anti-seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Clozapine? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Sulphonylurea or a Glinide? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Insulin? | <input type="checkbox"/> | <input type="checkbox"/> |

9 Further details

Do not send any notes not related to fitness to drive.

Use the space below to provide any additional information.

Applicant's full name

Date of birth

[illegible]

10 Consultants' details

Please provide details of type of specialists or consultants, including address.

Consultant in

Reason for attendance

Name

Address

Date of last appointment:

D

D

M

M

Y

Y

Consultant in

Reason for attendance

Name

Address

Date of last appointment:

D

D

M

M

Y

Y

If more consultants seen give details on a separate sheet.

11 Examining doctor's signature and stamp

To be filled in by the doctor carrying out the examination.

Please make sure all sections of the form have been filled in. The form will be returned to you if you do not do this.

I confirm that this report was filled in by me at examination and I have taken the applicant's history into account. I also confirm that I am currently GMC registered and licensed to practise in the UK or I am a doctor who is medically registered within the EU, if the report was filled in outside the UK.

Signature of examining doctor

Date of signature

D

D

M

M

Y

Y

Doctor's stamp

[illegible]

DDMMYY

The applicant must fill in this page

Applicant's declaration

You **must** fill in this section and **must not** alter it in any way.

Please read the following important information carefully then sign to confirm the statements below.

Important information about fitness to drive

As part of the enquiries into your fitness to drive, we (DVLA) may need you to have a medical examination and/or some form of practical assessment. If we do, the individuals involved in these will need your background medical details to carry out an appropriate assessment.

These individuals may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only share information relevant to the medical assessment of your fitness to drive.

Also, where the circumstances of your case appear to suggest the need for this, the relevant medical information may need to be considered by one or more of the members of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

For information about how we process your data, your rights and who to contact, see our privacy notice at www.gov.uk/dvla/privacy-policy

Declaration

I authorise my doctor, specialist or appropriate healthcare professional to disclose medical information or reports about my health condition to the DVLA, on behalf of the Secretary of State for Transport, that is relevant to my fitness to drive.

I understand that the doctor that I authorise, may pass this authorisation to another registered healthcare professional, who will be able to provide information about my medical condition that is relevant to my fitness to drive.

I understand that the Secretary of State may disclose such relevant medical information as is necessary to the investigation of my fitness to drive to doctors and other healthcare professionals such as orthoptists, paramedical staff and the Secretary of State for Transport's Honorary Medical Advisory panel members.

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

I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.

Name

Signature

Date

I authorise the Secretary of State to correspond with medical professionals via electronic channels (email)

Yes ☐ No ☐

Checklist

- | | |
|---|------------------------------|
| • Have you signed and dated the declaration? | Yes <input type="checkbox"/> |
| • Have you checked that the optician, optometrist or doctor has filled in all parts of the report and all relevant hospital notes have been enclosed? | Yes <input type="checkbox"/> |

Important

This report is valid for 4 months from the date the doctor, optician or optometrist signs it.

Please return it together with your application form.

Applicant's consent and declaration

Consent and Declaration

This section MUST be completed and must NOT be altered in any way. Please read the following important information carefully then sign the statements below.

Important information about Consent

I accept that as part of the investigation into my fitness to drive, Westmorland and Furness Council may require me to undergo further medical examination or some form of practical assessment. In these circumstances, those personnel involved will require my background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, specialist consultants, orthoptists at eye clinics or paramedical staff at a driving assessment centre.

Only information relevant to the assessment of my fitness to drive will be released. In addition, where the circumstances of my case appear exceptional, the relevant medical information may need to be further considered, where such further examination / consideration attracts a cost this will be met by me the applicant, (you will be advised of any further costs as appropriate to determine your application) and where matters of a medical nature exist the application may then be determined by the Council's Regulatory Sub-Committee. (The HC/PH Driver licensing process is managed to strict principles of confidentiality, where applications are to be determined by the Council's Regulatory Sub-Committee such meetings are held to the exclusion of the press and public).

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Westmorland and Furness Council's medical adviser.

I authorise Westmorland and Furness Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to hold a HC/PH Drivers Licence, to doctors, paramedical, DVLA and to inform my doctor(s) of the outcome of the case where appropriate.

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

During the period of application and any period when holding a private hire/hackney carriage driver licence, I will immediately inform Westmorland and Furness Council, in writing, of any deterioration in health or of any injury or condition that would affect my ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability.

"I understand that it is a criminal offence if I make a false declaration to obtain a private hire / hackney carriage driving licence and can lead to prosecution."

Applicant Signature:

Date:

