



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 to 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 dioptrre measurement of the correction used. If the correction is greater than +8 dioptries 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 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)?

If no, go to section 2, Diabetes mellitus

If yes, please answer all questions below.

Yes No

1. Has the applicant had any form of seizure?

(a) Has the applicant had more than one seizure episode?

(b) Please give date of first and last episode.

First episode

DD	MM	YY	YY
DD	MM	YY	YY

Last episode

(c) Is the applicant currently on anti-seizure medication?

Yes No

(d) If no longer treated, when did treatment end?

DD	MM	YY	YY
DD	MM	YY	YY

(e) Has the applicant had a brain scan?

Yes No

If yes, please give details in section 9, page 6.

2. Has the applicant experienced any dissociative/functional seizures?

(a) If yes, please give date of most recent episode.

DD	MM	YY	YY
DD	MM	YY	YY

(b) If yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving?

3. Stroke or TIA?

If yes, give date.

DD	MM	YY	YY
DD	MM	YY	YY

Yes No

(a) Has there been a **full** recovery?

Yes No

(b) Has a carotid ultrasound been undertaken?

Yes No

(c) If yes, was the carotid artery stenosis >50% in either carotid artery?

Yes No

(d) Is there a history of multiple strokes/TIAs?

Yes No

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

Yes No

5. Subarachnoid haemorrhage (non-traumatic)?

Yes No

6. Significant head injury within the last 10 years?

Yes No

7. Any form of brain tumour?

Yes No

8. Other intracranial pathology?

Yes No

9. Chronic neurological disorder(s)?

Yes No

10. Parkinson's disease?

Yes No

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

Yes No

Applicant's full name

DD	MM	YY	YY
DD	MM	YY	YY
DD	MM	YY	YY

Date of birth

DD	MM	YY	YY
DD	MM	YY	YY
DD	MM	YY	YY

2 Diabetes mellitus

Yes No

Does the applicant have diabetes mellitus?

If no, go to section 3, Cardiac

If yes, please answer all questions below.

1. Is the diabetes treated by:

(a) Insulin?

If no, go to 1c

If yes, please give date started on insulin.

DD	MM	YY	YY
DD	MM	YY	YY

(b) Are there at least 4 continuous weeks of glucose readings stored on a memory meter or meters?

Yes No

If no, please give details in section 9, page 6.

(c) Other injectable treatments?

Yes No

(d) A Sulphonylurea or a Glinide?

Yes No

(e) Oral hypoglycaemic agents and diet?

Yes No

(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).

Yes No

(c) Does the applicant keep fast-acting carbohydrate within easy reach whilst driving?

Yes No

(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?

Yes No

3. (a) Has the applicant ever had a hypoglycaemic episode?

Yes No

(b) Is there full awareness of hypoglycaemia?

Yes No

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.

DD	MM	YY	YY
DD	MM	YY	YY
DD	MM	YY	YY

5. Has there been laser treatment or intra-vitreal treatment for retinopathy?

Yes No

If yes, please give most recent date of treatment.

DD	MM	YY	YY
DD	MM	YY	YY
DD	MM	YY	YY

3 Cardiac

a Coronary artery disease

Is there a history or evidence of coronary artery disease? Yes No

If no, go to section 3b, Cardiac arrhythmia

If yes, please answer all questions below.

1. Has the applicant ever had an episode of angina? Yes No

If yes, please give the date of the last known attack. **DDMMYY**

2. Acute coronary syndrome including myocardial infarction? Yes No

If yes, please give date. **DDMMYY**

3. Coronary angioplasty (PCI)? Yes No

If yes, please give date of most recent intervention. **DDMMYY**

4. Coronary artery bypass graft surgery? Yes No

If yes, please give date. **DDMMYY**

5. If yes to any of the above, are there any physical health problems or disabilities

(e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below.

b Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia? Yes No

If no, go to section 3c, Peripheral arterial disease

If yes, please answer all questions below.

1. Has there been a significant disturbance of cardiac rhythm causing/likely to cause incapacity in the last 5 years? Yes No

2. Has the arrhythmia been controlled satisfactorily for at least 3 months? Yes No

3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Yes No

4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No

If yes:

(a) Please give date of implantation. **DDMMYY**

(b) Is the applicant free of the symptoms that caused the device to be fitted? Yes No

(c) Does the applicant attend a pacemaker clinic regularly? Yes No

c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? Yes No

If no, go to section 3d, Valvular/congenital heart disease

If yes, please answer all questions below.

1. Peripheral arterial disease? (excluding Buerger's disease) Yes No

2. Does the applicant have claudication? Yes No

If yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT? Yes No

3. Aortic aneurysm? Yes No

If yes:

(a) Site of aneurysm: Thoracic Abdominal

(b) Has it been repaired successfully? Yes No

(c) Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes.

- cm **DDMMYY**

4. (a) Dissection of aorta? Yes No

(b) If yes, has the dissection been successfully repaired? Yes No

If yes to 4a, please provide copies of all reports including those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes No

(a) If yes, are there any associated risk factors?* risk factors include –

- family history of aortic dissection
- greater than 3mm per year increase than aneurysm diameter
- pregnancy

d Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease? Yes No

If no, go to section 3e, Cardiac other

If yes, please answer all questions below.

1. Is there a history of congenital heart disease? Yes No

2. Is there a history of heart valve disease? Yes No

(a) If yes, are they symptomatic? Yes No

3. Is there a history of aortic stenosis? Yes No

If yes, please provide relevant reports (including echocardiogram).

4. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No

Applicant's full name

Date of birth

DDMMYY

e Cardiac other

Is there a history or evidence of heart failure? Yes No

If no, go to section 3f, Cardiac channelopathies

If yes, please answer all questions below.

1. Please provide the NYHA class, if known.

2. Established cardiomyopathy? Yes No

If yes, please give details in section 9, page 6.

3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted? Yes No

4. A heart or heart/lung transplant? Yes No

5. Evidence or history of pulmonary arterial hypertension? Yes No

f Cardiac channelopathies

Is there a history or evidence of the following conditions? Yes No

If no, go to section 3g, Blood pressure

1. Brugada syndrome? Yes No

2. Long QT syndrome? Yes No

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.

1. Please record today's best resting blood pressure reading. /

2. Is the applicant on anti-hypertensive treatment? Yes No

If yes, please provide three previous readings with dates if available.

<input type="text"/>	/
<input type="text"/>	/
<input type="text"/>	/

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

h Cardiac investigations

Have any cardiac investigations been undertaken or planned? Yes No

If no, go to section 4, Psychiatric illness

If yes, please answer questions 1 to 5.

1. Is there a history of the following: Yes No

(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)? Yes No

<input type="text"/>					
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<input type="checkbox"/>	<input type="checkbox"/>
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Applicant's full name

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Date of birth

<input type="text"/>						
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3. Has an echocardiogram been undertaken (or planned)? Yes No

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(a) If undertaken, is or was the left ejection fraction greater than or equal to 40%? Yes No

<input type="text"/>					
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4. Has a coronary angiogram been undertaken (or planned)? Yes No

5. Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)? Yes No

<input type="text"/>					
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4 Psychiatric illness

Is there any significant mental illness or cognitive impairment likely to affect safe driving? Yes No

If no, go to section 5, Substance misuse

If yes, please answer all questions below.

1. Significant psychiatric disorder within the past 6 months? If yes, please confirm condition. Yes No

<input type="text"/>	<input type="text"/>
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2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? Yes No

<input type="text"/>	<input type="text"/>
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3. (a) Dementia or cognitive impairment? Yes No
(b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses? Yes No

<input type="text"/>	<input type="text"/>
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5 Substance misuse

Is there a history of drug/alcohol misuse or dependence? Yes No

If no, go to section 6, Sleep disorders

If yes, please answer all questions below.

1. Is there a history of an alcohol use disorder (sufficient to cause significant physical, mental or social consequences) in the past 10 years? Yes No

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? Yes No

(a) Required medical assisted withdrawal?

Date treatment ended:

<input type="text"/>					
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(b) Alcohol withdrawal seizure?

Date of last event:

<input type="text"/>					
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3. Based on their clinical record and/or account of drinking provided to you, is their alcohol consumption:

(a) Abstinent? Yes No Don't know

If yes, for how long:

(b) Controlled? Yes No Don't know

If yes, for how long:

4. Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years? Yes No

(a) If yes, the type of substance misused?

(b) Is it controlled?

(c) Has the applicant undertaken an opiate treatment programme?

If yes, give date started

<input type="text"/>							
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9 Further details (continued)

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:

DDMMYY

Consultant in
Reason for attendance
Name
Address

Date of last appointment:

DDMMYY

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

ANSWER

Date of signature

DDMMYY

Doctor's stamp

A large, empty rectangular frame with a thin green border, centered on a white background. The frame is empty and serves as a placeholder for content.

Applicant's full name

Date of birth

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

Yes

Yes

Checklist

- Have you signed and dated the declaration?
- 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?

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:

