



MEDICAL ASSESSMENT

ASSOCIATED WITH AN APPLICATION FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Notes for the Applicant

This medical assessment must be carried out by a General Practitioner in the medical practice to which you are registered.

The vision assessment must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both vision and medical assessment section of the report. If your doctor is unable to fully answer all of the questions on the vision assessment you must have it filled in by an optician/optometrist.

Both assessments must take place no more than one calendar month before the date a licence is granted or renewed.

Applicant's details: (to be filled in the presence of the doctor carrying out the examination)

Full name: Date of birth: Age:

Current address:

Post Code:

Contact telephone number:

Applicant's consent and declaration:

I authorise my General Practitioner(s) and Specialist(s) to release medical information about my condition, together with any relevant information relevant to fitness to drive, to the Licensing Section of Wirral Council for the purpose of the Council (by its Officers and/or Members) of assessing my fitness to drive a hackney carriage or private hire vehicle licensed by that Council should this be necessary.

I declare that to the best of my knowledge and belief all information given by me to my doctor in connection with this examination is true.

Signed:

Date:

General Practitioner

This form must be completed in full by the applicant's own General Practitioner who has reviewed the applicant's medical records. Please answer all questions and once completed sign the declaration at the end.

The Council's policy on medical fitness requires that Private Hire and Hackney Carriage drivers meet Group 2 medical standards, as set out in the DVLA publication '*At a glance guide to the current medical standards of fitness to drive*'.

This guide makes reference to current best practice guidance contained in the booklet 'Fitness to Drive' which recommends the medical standard applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to taxi drivers.

(a)	Is the applicant a registered applicant of the surgery / medical centre at which you practise as a registered medical practitioner?	YES	NO
(b)	Have you reviewed the above applicant's medical records? If reviewing a printout of the medical records please give date of printout:	YES	NO

Section 1

Vision Assessment – to be completed by the GP or optician/optometrist

Please see the current DVLA guidance so that you can decide whether you are able to fully complete the vision assessment at www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals

1	Please confirm (✓) the scale you are using to express the driver's visual acuities Snellen <input type="checkbox"/> Snellen expressed as a decimal <input type="checkbox"/> LogMAR <input type="checkbox"/>			
2	Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye? (corrective lenses may be worn to meet this standard)	Yes	No	
3	Were corrective lenses worn to meet this standard? If Yes please indicate if: Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both together <input type="checkbox"/>	Yes	No	
4	Uncorrected		Corrected (using the prescription worn for driving)	
	Right <input type="text"/>	Left <input type="text"/>	Right <input type="text"/>	Left <input type="text"/>
5	If glasses (not contact lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens?			
6	Is a correction is worn for driving, is it well tolerated?	Yes	No	
7	Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and /or peripheral)?	Yes	No	
8	Is there diplopia (controlled or uncontrolled)?	Yes	No	
9	Does the applicant, on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and /or impaired twilight vision?	Yes	No	
10	Does the applicant have any other ophthalmic condition?	Yes	No	

If **YES** to questions 7, 8, 9 or 10 please give details in **Section 7**.

In relation to section 1 does the applicant meet the DVLA Group 2 medical standards	YES	NO
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If not please indicate reasons why:

If eye examination has been completed by an optician/optometrist please give details below:

Name: _____ Address: _____

Contact telephone number: _____

Section 2

NERVOUS SYSTEM

1	Has the applicant had any form of seizure? If YES please answer questions a – f below.			YES	NO
a	Has the applicant had more than one attack?			Yes	No
b	Please give date of first and last attack:	<i>First attack</i>	<i>Last attack</i>		
c	Is the applicant currently on anti-epileptic medication? If YES please give details of current medication in section 7 .			Yes	No
d	If no longer treated, please give date when treatment ended.				
e	Has the applicant had a brain scan? If YES please state dates.			Yes	No
	MRI:			CT:	
f	Has the applicant had an EEG? If YES please provide date and details			Yes	
2	Is there a history of blackout or impaired consciousness within the last 5 years? If YES please give dates and details at Section 7 :			Yes	No
3	Does the applicant suffer from narcolepsy? If YES please give dates and details in section 7 .			Yes	No
4	Is there a history of, or evidence of, any of the conditions listed at a – h below? If NO go to Section 3.			Yes	No
	If YES please give dates and full details in section 7 .				
a	Stroke / TIA (please delete as appropriate) If YES please give date:			Yes	No
	Has there been a full recovery?			Yes	No
b	Sudden and disabling dizziness/vertigo within the last one year with a liability to recur			Yes	No
c	Subarachnoid haemorrhage			Yes	No
d	Serious traumatic brain injury within the last 10 years			Yes	No
e	Any form of brain tumour			Yes	No
f	Other brain surgery or abnormality			Yes	No
g	Chronic neurological disorders			Yes	No
h	Parkinson's disease			Yes	No
In relation to section 2 does the applicant meet the DVLA Group 2 medical standards?				YES	NO
If not please indicate reasons why					

Section 3

DIABETES MELLITUS

1	Does the applicant have diabetes mellitus? If NO please go to Section 4. If YES please answer the following questions.		Yes	No
2	Is the diabetes managed by:-		Yes	No
	a	Insulin? If YES please give date started on insulin:	Yes	No
	b	If treated with insulin, are there at least 3 months of blood glucose readings stored in a memory meter? If NO , please give details in section 7	Yes	No
	c	Other injectable treatments?	Yes	No
	d	A Sulphonylurea or a Glinide?	Yes	No
	e	Oral hypoglycaemic agents and diet? If YES please provide details of medication:	Yes	No
If YES to any of a - e above, please give details in section 7				
3	d	Diet only?	Yes	No
	a	Does the applicant test blood glucose at least twice every day?	Yes	No
	b	Does the applicant test at times relevant to driving?	Yes	No
	c	Does the applicant keep fast acting carbohydrate within easy reach when driving?	Yes	No
	d	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	Yes	No
4	Is there any evidence of impaired awareness of hypoglycaemia?		Yes	No
5	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?		Yes	No
6	Is there evidence of:-			
	a	Loss of visual field?	Yes	No
	b	Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	Yes	No
If YES to any or 4 – 6 above, please give details in section 7				
7	Has there been any laser treatment or intra-vitreous for retinopathy? If YES please give date(s) of treatment:		Yes	No
In relation to section 3 does the applicant meet the DVLA Group 2 medical standards?			YES	NO

If not please indicate reasons why

Section 4

CARDIAC

4A CORONARY ARTERY DISEASE

		YES	NO
Is there a history of, or evidence of, Coronary Artery Disease? If NO please go to Section 4B If YES please answer all questions below and give details at Section 7 of the form.			
1	Acute coronary syndrome including myocardial infarction? If YES please give date(s):	Yes	No
2	Coronary artery by-pass graft surgery? If YES please give date(s):	Yes	No
3	Coronary Angioplasty (P.C.I.)? If YES please give date of most recent intervention:	Yes	No
4	Has the applicant suffered from angina? If YES please give the date of the last known attack:	Yes	No

4B CARDIA ARRHYTHMIA

		YES	NO
Is there a history of, or evidence of, cardiac arrhythmia? If NO , go to Section 4C If YES please answer all questions below and give details in Section 7 .			
1	Has there been a significant disturbance of cardiac rhythm? i.e. Sinatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia, in last 5 years?	Yes	No
2	Has the arrhythmia been controlled satisfactorily for at least 3 months?	Yes	No
3	Has an ICD or biventricular pacemaker (CRST-D type) been implanted?	Yes	No
4	Has a pacemaker been implanted? If YES :	Yes	No
a	Please supply date:		
b	Is the applicant free of symptoms that caused the device to be fitted?	Yes	No
c	Does the applicant attend a pacemaker clinic regularly?	Yes	No

4C		PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM/DISSECTION				
Is there a history or evidence of ANY of the following?				YES	NO	
If NO go to Section 4D. If YES please answer the questions below and give details in Section 7						
1	Peripheral Arterial Disease (excluding Buerger's Disease)			Yes	No	
2	Does the applicant have claudication? If YES , how long in minutes can the applicant can walk at a brisk pace before being symptom limited?:			Yes	No	
3	Aortic Aneurysm If YES :			Yes	No	
	a	Site of Aneurysm (please tick):	Thoracic <input type="checkbox"/>	Abdominal <input type="checkbox"/>		
	b	Has it been repaired successfully?			Yes	No
	c	Is the transverse diameter currently >5.5 cms?			Yes	No
		If NO please provide latest measurement:		Date obtained:		
4	Dissection of the Aorta repaired successfully. If YES , please provide details in section 7			Yes	No	
5	Is there history of Marfan's disease? If YES , please provide details in section 7			Yes	No	
4D		VALVULAR/CONGENITAL HEART DISEASE				
Is there a history of, or evidence of, valvular/congenital heart disease?				YES	NO	
If NO go to Section 4E. If YES please answer all questions below and give details in Section 7						
1	Is there a history of congenital heart disorder?			Yes	No	
2	Is there a history of heart valve disease?			Yes	No	
3	Is there a history of aortic stenosis?			Yes	No	
4	Is there any history of embolism? (not pulmonary embolism)			Yes	No	
5	Does the applicant currently have significant symptoms?			Yes	No	
6	Has there been any progression since the last licence application? (if relevant)			Yes	No	
4E		CARDIAC OTHER				
Does the applicant have a history of ANY of the following conditions? If NO go to Section 5F If YES please answer ALL questions below and give details in Section 7				YES	NO	
a	A history of, or evidence of, heart failure?			Yes	No	
b	Established cardiomyopathy?			Yes	No	
c	Has a left ventricular assist device (LVAD) been implanted?			Yes	No	
d	A heart or heart/lung transplant?			Yes	No	
e	Untreated atrial myxoma?			Yes	No	

4F CARDIAC INVESTIGATIONS (This section must be filled in for all applicants)				
1	Has a resting ECG been undertaken?		YES	NO
	If YES does it show:			
	a	Pathological Q waves?	Yes	No
	b	Left bundle branch block?	Yes	No
	c	Right bundle branch block?	Yes	No
2	Has the exercise ECG been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7 .			
3	Has an echocardiogram been undertaken (or planned)?		Yes	No
	a	If YES please give date and give details in Section 7		
	b	If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%?	Yes	No
4	Has a coronary angiogram been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7 :			
5	Has a 24 hour ECG tape been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7			
6	Has a Myocardial Perfusion Scan or Stress Echo study been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 7			
4G BLOOD PRESSURE (This section must be filled in for all applicants)				
Please record today's blood pressure reading:				
Is the applicant on anti-hypertensive treatment?			Yes	No
If YES please provide three previous readings with dates if available:				
1	B.P reading:	Date:		
2	B.P reading:	Date:		
3	B.P reading:	Date:		
In relation to section 4 does the applicant meet the DVLA Group 2 medical standards?			YES	NO
If not please indicate reasons why				

Section 5**PSYCHIATRIC ILLNESS**

Is there a history of, or evidence of **ANY** of the conditions listed at 1 – 7 below?
If **NO** please go to Section 6.

YES**NO**

If YES please answer the following questions and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 7**. (Please enclose relevant notes). (If applicant remains under specialist clinic(s) please give details in **Section 7**).

1	Significant psychiatric disorder within the past 6 months?	Yes	No
2	Psychosis or hypomania/mania within the past 3 years, including psychotic depression?	Yes	No
3	Dementia or cognitive impairment?	Yes	No
4	Persistent alcohol misuse in the past 12 months?	Yes	No
5	Alcohol dependence in the past 3 years?	Yes	No
6	Does the applicant show any evidence of being addicted to the excessive use of alcohol?	Yes	No
7	Persistent drug misuse in the past 12 months?	Yes	No
8	Does the applicant show any evidence of being addicted to the excessive use of drugs?	Yes	No
9	Drug dependency in the past 3 years?	Yes	No
In relation to section 5 does the applicant meet the DVLA Group 2 medical standards?		YES	NO

If not please indicate reasons why

Section 6

GENERAL

Please answer all questions in this section. If your answer is **YES** to any question please give full details in **Section 7**.

1	Is there currently any functional impairment that is likely to affect control of the vehicle?	Yes	No	
2	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	Yes	No	
3	Is there any illness that may cause fatigue or cachexia that affects safe driving?	Yes	No	
4	Is the applicant profoundly deaf?	Yes	No	
	If YES is the applicant able to communicate in the event of an emergency by speech or by using a device?	Yes	No	
5	Does the applicant have a history of liver disease of any origin?	Yes	No	
6	Is there any history of renal failure?	Yes	No	
7	Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive day time sleepiness?	Yes	No	
	If YES please provide details:			
	a	Date of diagnosis:		
	b	Is it controlled successfully?	Yes	No
	c	If YES please state treatment:		
	d	Please state period of control:		
g	Date last seen by consultant:			
8	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	Yes	No	
9	Does any medication currently taken cause the applicant side effects that could affect safe driving?	Yes	No	
	If YES please provide details in section 7 .			
10	Does the applicant have an ophthalmic condition?	Yes	No	
11	Does the applicant have any other medical condition that could affect safe driving?	Yes	No	
	If YES please provide details in section 7 .			
In relation to section 6 does the applicant meet the DVLA Group 2 medical standards?		YES	NO	
If not please indicate reasons why				

Section 7

Additional Information

PLEASE MAKE SURE YOU COMPLETE THE BACK PAGE OF THIS MEDICAL

General Practitioner

DECLARATION: Please read the following carefully before completing, signing and dating the declaration.

If the applicant is not a registered patient with your practice or you have not reviewed his/her medical records then do not complete the declaration.

I certify that I am familiar with the current requirements of Group 2 medical standards applied by the DVLA in the current version of '*At a glance guide to the current medical standards of fitness to drive*'.

I certify that I have reviewed the applicant's medical records and that in my opinion nothing therein contradicts or tends to contradict the information given to me by the applicant.

I certify that I have today undertaken a medical examination of the applicant for the purpose of assessing their fitness to act as a driver of a Hackney Carriage or Private Hire vehicle under the DVLA Group 2 medical standards

I certify that having regard to the foregoing, the applicant:

* **MEETS / DOES NOT MEET** (*delete as appropriate) the minimum standards required for the DVLA Group 2 medical standards.

	Surgery Stamp: (not accepted without surgery stamp)
Surgery name:	
Surgery address:	
Signed:	Date: