Medical Examination Report

FOR A PRIVATE HIRE/HACKNEY CARRIAGE DRIVER LICENCE IN ACCORDANCE WITH DVSA MEDICAL STANDARD FOR LGV AND PCV GROUP 2 ENTITLEMENT

Applicants Details to be completed by the applicant in the presence of the Medical Practitioner carrying out the examination

Name		**Date of Birth**	
Address			
☎ Home		**☎Daytime/Work**	

TO THE APPLICANT.

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 Private Hire/Hackney Carriage Vehicle.

This form is to be completed by your own GP or a GP who has access to your medical records and is for the confidential use of the Licensing Authority.

The medical examination report must be submitted to the Licensing Authority with any application for the grant or renewal of a driver licence. The certificate is valid for a period of 3 months from the date of the examination after which either a new medical form or a letter from the GP who carried out the original medical confirming that there has been no change in the medical fitness of the applicant will be required. Once the medical is 3 months old a letter will not be accepted and a new medical will be required.

A Group 2 Medical Report is required every 3 years until the age of 65. From the age of 65 a Group 2 Medical Report is required every year.

This Medical report cannot be issued free of charge as part of the National Health Service. The applicant must pay the medical practitioner's fee, unless other arrangements have been made. The Licensing Authority accepts no liability to pay it.

TO THE GENERAL PRACTITIONER

Richmondshire District Council requires all licensed drivers to meet the DVSA Medical Standard Group 2. If you require a copy of this standard please visit the DVSA website or contact Licensing at the above office who can provide a current E copy.

Only complete the Vision Assessment if you are able to fully and accurately complete ALL the questions. If you are unable to do this you must tell the applicant that they will need to arrange to have this part of the assessment completed by an Optician or Optometrist.

Once complete this form should then be returned to the applicant to submit with their application. If necessary, you may return the completed form direct to the Licensing Officer, Richmondshire District Council, Mercury House, Station Road, Richmond, North Yorkshire DL10 4JX

Guidance Notes - Medical Standards For Drivers of Passenger Carrying Vehicles
Medical standards for drivers of passenger carrying vehicles are higher than those required for Group 1 (car and motorcycle drivers.

1. **Eyesight -** Applicants 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 worse eye
     This may be achieved with or without glasses or contact lenses.
   - If glasses are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres.

   Visual Field - The horizontal visual field should be a least 160 degrees; the extension should be a least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30m degrees.

   Monocular Vision - Drivers who have sight in one eye only or their sight in one eye has deteriorated to less than 0.05 (3/60) cannot normally be licensed to drive Group 2 vehicles.

   Uncontrolled Symptoms of Double Vision - If you have uncontrolled symptoms of double vision, or you have double vision treated with a patch, you will not be allowed to hold a Group 2 licence.

2. **Epilepsy or Liability to Epileptic Attacks -** If you have been diagnosed as having epilepsy, (this includes all events; major, minor and auras), you will need to remain free of seizures without taking anti-epilepsy medication for 10 years. If you have a condition that causes an increased liability to seizures, for example a serious head injury, the risk of you having a seizure must have fallen to no greater than 2% per annum prior to application.

   Isolated Seizure - If you have had only an isolated seizure, you may be entitled to drive from the date of the seizure, provided that you are able to satisfy the following criteria:
   - No relevant structural abnormality has been found in the brain on imaging
   - No definite epileptic activity has been found on EEG (record of brain waves)
   - You have not been prescribed medication to treat the seizure for at least 5 years since the seizure
   - You have the support of your neurologist
   - Your risk of a further seizure is considered to be 2% or less per annum (each year)

3. **Insulin Treated Diabetes -** If you have insulin treated diabetes you may be eligible to apply for a Group 2 licence. An annual assessment by a hospital consultant specialising in the treatment of diabetes is required and you will have to meet strict criteria for controlling and monitoring your diabetes. This includes having at least 3 months of blood glucose readings available for inspection on a blood glucose meter with a memory function.

4. **Other Medical Conditions -** An applicant is likely to be refused a Group 2 licence if they cannot meet the recommended medical guidelines for any of the following:
   - With 3 months of a coronary artery bypass graft (CABG)
   - Angina, heart failure or cardiac arrhythmia which remains uncontrolled
   - Implanted cardiac defibrillator
   - Hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more
   - A stroke or transient ischemic attach (TIA) within the last 12 months
   - Unexplained loss of consciousness with liability to recurrence
   - Meniere's disease, or any other sudden and disabling vertigo within the past year, with a liability to recurrence
   - Major brain surgery and/or recent severe head injury with serious continuing after-effects or a likelihood of causing seizures
   - Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving
   - Psychotic illness in the past 3 years
   - Serious psychiatric illness
   - If major psychotropic or neuroleptic medication is being taken
   - Alcohol and/or drug misuse in the past 1 year of alcohol and/or drug dependence in the past 3 years
   - Dementia
   - Cognitive impairment likely to affect safe driving
   - Any malignant condition in the last 2 years, with a significant liability to metastasise (spread) to the brain
   - Any other serious medical condition likely to affect the safe driving of a Group 2 vehicle
   - Cancer of the lung

Vision Assessment

To be completed by a Doctor or Optician/Optometrist

Note: Visual acuities, as measured by the 6 metre Snellen Chart, must be a least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and a least 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to chieve this standard. A LogMAR reading is acceptable.

1) If using a scale other than standard Snellen please specify accordingly

☐ Snellen expressed as a decimal ☐ LogMar

2). Please state the visual acuities **of each eye** in terms of the 6m Snellen chart.

Uncorrected		**Corrected (using prescription worn for driving)**	
Right	Left	Right	Left

	Yes	No
3). If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres?	☐	☐
4). If a correction is worn for driving, is it well tolerated?	☐	☐

If you answer Yes to any of the following, give details in the box provided.

	Yes	No
5). Is there a history of any medical condition that may affect the applicants binocular field of vision (central and /or peripheral)?	☐	☐
6). Is there diplopia?	☐	☐
Is it controlled? If Yes, please give details in the box provided below	☐	☐
7). Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?	☐	☐

8). Does the applicant have any other opthalmic condition?

Details

Date of Examination	
Name (Print)	
Signature	
Date of Signature	
Your GOC, HPC or GMC Number	

Doctor/Optometrist/Optician's stamp

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Medical Examination Report

FOR A PRIVATE HIRE/HACKNEY CARRIAGE DRIVER LICENCE IN ACCORDANCE WITH DVSA MEDICAL STANDARD FOR LGV And PCV GROUP 2 ENTITLEMENT

Applicant's Details

To be completed by your own Doctor or a Doctor who has access to your medical records.
Taking into account the criteria for Group 2 vocational drivers as set out in "Medical Aspects of Fitness to Drive" and the latest edition of the DVSA publication "At a Glance Guide for Current Medical Standard of Fitness To Drive"

Section 1 – Nervous System

Please answer questions 1, 2,3 and 4 (a-h) fully

		Yes	No
1)	Has the applicant had any form of seizure? If NO, please go to question 2 If YES, please answer questions (a) to (f)	☐	☐
a)	Has the applicant had more than one attack?	☐	☐
b)	Please give date of first and last attack — First Attack		
	Last Attack		
c)	Is the applicant currently on anti-epileptic medication? If YES, please fill in current medication in Section 14	☐	☐
d)	If no longer treated, please give date when treatment ended		
e)	Has the applicant had a brain scan or EEG?	☐	☐
f)	Did the investigation at (e) indicate that the risk of further seizure is greater than 2% per annum?	☐	☐
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 12	☐	☐
3)	Does the applicant suffer from narcolepsy or cataplexy? If YES, please give date(s) and details in Section 12	☐	☐
4)	Is there a history of, or evidence of ANY conditions listed at (a) to (h) below? If YES, please give full details at Section 12.		
a)	**Stroke or TIA**	☐	☐
	If YES, please give date		
	Has there been a full recovery?	☐	☐
	Has a carotid ultra sound been undertaken?	☐	☐
b)	**Sudden and disabling dizziness/vertigo with the last year with a liability to recur**	☐	☐
c)	**Subarachnoid haemorrhage**	☐	☐
d)	**Serious traumatic brain injury within the last 10 years**	☐	☐
e)	**Any form of brain tumour**	☐	☐
f)	**Other brain surgery or abnormality**	☐	☐
g	**Chronic neurological disorders**	☐	☐
h	**Parkinson's disease**	☐	☐

Section 2 – Diabetes Mellitus

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

If YES, to any of 4 to 6 above, please give details in Section 12.

7) Has there been laser treatment or intra-vitreal treatment for retinopathy?	☐	☐
If YES, please give dates of treatment		

Section 3 – Psychiatric Illness

	Yes	No
Please answer all questions 1 to 7 below? **If YES please give full details at Section 12**		

- Please enclose relevant hospital notes
- If applicant remains under specialist clinic(s), ensure details are filled in at Section 13.

1) Significant psychiatric disorder within the past 6 months	☐	☐
2) Psychosis/hypomania/mania or psychoctic depression within the past 3 years	☐	☐
3) Dementia or congnitive impairment		
4) Persistent alcohol misuse in the past 12 months		
5) Alcohol dependence in the past 3 years	☐	☐
6) Persistent drug misuse in the past 12 months	☐	☐
7) Drug dependence in the past 3 years	☐	☐

If YES to ANY of questions 4 to 7 please state how long this has been controlled

Section 4 – Coronary Artery Disease

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

If NO, go to Section 5

If YES, please answer all questions below and give details at Section 12.

1) Has the applicant suffered from angina? ☐ ☐

If YES, please give the date of last known attack

2) Acute coronary syndromes including myocardial infarction? ☐ ☐

If YES, please give date

3) Coronary angioplasty (P.C.I)? ☐ ☐

If YES, please give most recent intervention

4) Coronary artery by-pass graft surgery? ☐ ☐

If YES, please give date

Section 5 – Cardiac Arrhythmia

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

If NO, go to Section 6

If YES, please answer all questions below and give details in Section 12.

1) Has there been a significant disturbance or cardiac rhythm? i.e. Sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years ☐ ☐

2) Has the arrhythmia been controlled satisfactorily for at least 3 months? ☐ ☐

3) Has an ICD or biventricular pacemaker (CRST-D type) been implanted? ☐ ☐

4) Has a pacemaker been implanted? ☐ ☐

If YES:-

a) Please supply date of implantation

b) Is the applicant free of symptoms that caused the device to be fitted? ☐ ☐

c) Does the applicant attend a pacemaker clinic regularly? ☐ ☐

Section 6 –Peripheral Arterial Disease (exc Buerger's Disease) Aortic Aneurysm/Dissection

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

If No, go to Section 7

If YES, please answer all questions below and give details in Section 12.

1) Peripheral arterial disease (excluding Buerger's disease) ☐ ☐

2) Does the applicant have claudication? ☐ ☐

If YES, how long in minutes can the applicant walk at a brisk pace before being symptom-limited?

3) Aortic aneurysm ☐ ☐

If YES,

a) Site of aneurysm: Thoracic ☐ Abdominal ☐

b) Has it been repaired successfully? ☐ ☐

c) Is the transverse diameter currently >5.5cm? ☐ ☐

d) If NO, please provide latest measurement and date obtained ☐

4) Dissection of the aorta repaired successfully ☐ ☐

5) Is there a history of Marfan's disease? ☐ ☐

Section 7 – Valvular/Congenital Heart Disease

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

If NO, go to Section 8 - If YES, please answer all questions below and give details in Section 12.

	Yes	No
1) Is there a history of congenital heart disorder?	☐	☐
2) Is there a history of heart valve disease?	☐	☐
3) Is there any history of embolism? (not pulmonary embolism)	☐	☐
4) Does the applicant currently have significant symptoms?	☐	☐
5) Has there been any progression since the last licence application? (if relevant)	☐	☐

Section 8 – Cardiac Other

	Yes	No
Does the applicant have a history of ANY of the following conditions:	☐	☐

If NO, go to Section 9 If YES, please answer all questions below and give details in Section 12.

a) a history of, or evidence of, heart failure?	☐	☐
b) established cardiomyopathy?	☐	☐
c) has a left ventricular assist device (LVAD) been implanted?	☐	☐
d) untreated atrial myxoma	☐	☐

Section 9 – Cardiac Investigations - This section must be completed for all applicants

Yes No

Please answer questions 1 to 6 in this section

1) Has a resting ECG been undertaken? ☐ ☐

If YES, does it show:-

a) pathological Q waves ☐ ☐

b) left bundle branch block? ☐ ☐

c) right bundle branch block? ☐ ☐

If YES, to any of the above please provide further information at Section 12.

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

If YES, please give date and details in Section 12.

3) Has an echocardiogram been undertaken (or planned)? ☐ ☐

a) If YES, please give date and details in Section 12 ☐ ☐

b) If undertaken, is/was the left ejection fraction greater than or equal to 40% ☐ ☐

		Yes	No
4)	Has a coronary angiogram been undertaken (or planned)?	☐	☐
	If YES, please give date and details in Section 12		
5)	Has a 24 hour ECG tape been undertaken (or planned)?	☐	☐
	If YES, please give date and details in Section 12		
6)	Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?	☐	☐
	If YES, please give date and details in Section 12		

Section 10 – Blood Pressure

Please answer questions 1 and 2 in this section

1) Please record today's blood pressure reading
(Anything above 180/100 disqualifies under DVSA Group 2 entitlement) ☐

Please provide three previous readings with dates, if available

Date	Reading

2) Is the applicant on anti-hypertensive treatment? ☐ ☐

If Yes please give full details in Section 12

Section 11 - General

Please answer All questions. **If YES to any question please give full details in Section 12.**

		Yes	No
1)	Is there currently any functional impairment that is likely to affect control of the vehicle?	☐	☐
2)	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	☐	☐
3)	Is there any illness that may cause significant fatigue or cachexia that affect safe driving?	☐	☐
4)	Is the applicant profoundly deaf?	☐	☐
	If YES, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone?	☐	☐
5)	Does the applicant have a history of liver disease of any origin?	☐	☐
6)	Is there a history of renal failure?	☐	☐
7)	a) Is there a history of, or evidence of, obstructive sleep apnoea syndrome?	☐	☐
	b) Is there any other other medical condition causing excessive daytime sleepiness?	☐	☐

If YES, please give diagnosis ☐

If YES, to 7a or b please give
- i) Date of diagnosis ☐
- ii) Is it controlled successfully? ☐ ☐
- iii) If YES, please state treatement ☐
- iv) Please state period of control ☐
- v) Date last seen by consultant ☐

		Yes	No
8)	Does the applicant have servere symptomatic respiratory disease causing chronic hypoxia?	☐	☐

		Yes	No
9)	Does any medication currently taken cause the applicant side effects that could affect safe driving? If YES, please provide details of medication and symptoms in Section 12.	☐	☐
10)	Does the applicant have an opthalmic condition?	☐	☐
11)	Does the applicant have any other medical conditions that could affect safe driving?	☐	☐

Section 12 – Further Details

Please forward copies of relevant notes. Please do not send any notes not related to fitness to drive

Section 13 – Consultants' Details

Details of type of specialist(s)/consultants, including address.

Consultant In	Consultant In
Name	Name
Address	Address
Date of Last Appointment:	Date of Last Appointment:

Section 14 – Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	
Possible side effects:	

Medication	Dosage
Reason for taking:	
Possible side effects:	

Medication	Dosage
Reason for taking:	
Possible side effects:	

Medication	Dosage
Reason for taking:	
Possible side effects:	

Medication	Dosage
Reason for taking:	
Possible side effects:	

Medication	Dosage
Reason for taking:	
Possible side effects:	

Applicant's Consent And Declaration

Applicant's Full Name:			
Applicant's Address:			
Telephone Number		Date of Birth	

I authorise my Doctor and Specialist(s) to release reports to Richmondshire District Council about my medical condition.

I authorise Richmondshire District Council to divulge relevant medical information about me to Doctors and Specialists(s) as necessary in the course of medical enquiries 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 of Applicant	
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 turn, very occasionally release medical information to Doctors and Specialists, either because we wish you to be examined, and the doctors need to know the medical details, or because we require further information.

Section 15 – Examining Doctor's Details

To be completed by the doctor carrying out the examination.

Certificate of Fitness to Drive a Private Hire or Hackney Carriage Vehicle

Applicant Name:	
Date of Birth:	

Being a registered Medical Practitioner who is competent in undertaking DVSA Group 2 Medical Examinations:-

I have today examined the above applicant.* ☐

and

Please tick relevant box

I have had full access to their medical records.* ☐

I have examined the applicant medically to the DVSA Group 2 Medical Standards for Vocational Drivers and had regard to the DVSA's "At a Glance" and the Medical Commission on Accident Preventions booklet "Medical Aspects of Fitness to Drive".

I consider the above applicant *; ***Please tick relevant box***

☐ **Meets the DVSA group 2 medical standards for vocational drivers and is FIT to drive a Private Hire or Hackney Carriage Vehicle to Group 2 Standards**

☐ **Does not meet the DVSA group 2 medical standards for vocational drivers and is UNFIT to drive a Private Hire or Hackney Carriage Vehicle**

Doctors Details

Name	
Address	
Telephone Number	
E-Mail Address	
GMC Registration Number	

Signature of Medical Practitioner	
Date of Examination	

Surgery Stamp