



CONFIDENTIAL

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

Name of Applicant:

Address:

..... **Postcode:**

Date of Birth:

Note 1: This Certificate **MUST** be completed by the Doctor with whom the applicant is registered under the National Health Service. Alternatively completed by a Doctor who has access to the applicant's full medical records and is registered with the General Medical Council, with the prior agreement of Buckinghamshire Council.

Note 2: The DVLA Group 2 medical standards **MUST** be used as a guideline when assessing an applicant's fitness.

Note 3: The standard of acuity of vision **MUST** meet DVLA Group 2 standards, i.e. using corrective lenses if necessary, of at least 6/7.5 measured on the Snellen scale (0.8 decimal) in the better eye and at least 6/60 (Snellen decimal 0.1) in the other eye.

If glasses/contact lenses are worn to meet minimum standards they should have a corrective power of no more than plus eight (+8) dioptries.

The applicant must also be able to read a number plate from the prescribed distance (refer to DVLA guidance) and meet standard visual field requirements (detailed in Q5(c)).

Note 4: Applicants are required to submit a medical certificate on first application, at each renewal and then annually from the age of 65.

Note 5: This Certificate is for the confidential use of the Licensing Authority. Any fee charged is payable direct by the applicant to the Medical Practitioner.

Please indicate by deleting 'YES' or 'NO' in column (2) opposite each item below, whether or not the applicant has suffered from, is suffering from or is aware of any tendency to the illness described. If the answer in column (2) is 'YES' give the date(s) in column (3) and some details of the illness/injury in the space at the end of the list.		Reply to be written in columns below:	
	(2)	(3)	
1. Is this applicant to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect his/her efficient/duties* as a driver of Hackney Carriage or Private Hire vehicle?	YES/NO	Date/Month/Year	
2. Tuberculosis/Vaccination details	YES/NO		
3. Diabetes (if YES, full details of type and treatment are required, <u>please also state if medication is in tablet form or otherwise</u>)	YES/NO		
4. Pleurisy or pneumonia	YES/NO		
5. Asthma	YES/NO		
6. Bronchitis	YES/NO		
7. Any other disease of the lungs	YES/NO		
8. Rheumatic Fever	YES/NO		
9. Rheumatism	YES/NO		
10. Arthritis	YES/NO		
11. Disease of the nervous system	YES/NO		
12. Blackouts	YES/NO		
13. Rupture (Hernia)	YES/NO		
14. Back strain or disc trouble	YES/NO		
15. Any other crippling condition or incapacity	YES/NO		
15. Typhoid or hepatitis, dysentery, jaundice	YES/NO		
17. Other ailments of stomach, bowels or digestion	YES/NO		
18. Any disease of the kidneys or bladder	YES/NO		
19. Skin disease or rashes	YES/NO		
Space for details if the answer is 'YES' to any of the above (e.g. period of illness, nature and character of treatment, date of refrain/return to work, whether any further attack, risk to general public etc.)			
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20.	Does he/she suffer from any heart disorder or defect which might interfere with the efficient performance of his/her duties* as a Hackney Carriage or Private Hire driver?	YES/NO	
21.	Is the applicant's blood pressure raised? If so, do you consider that the raised blood pressure or its treatment with drugs would be likely to affect his/her competence* as a Hackney Carriage or Private Hire Driver?	YES/NO	
22.	(a) Is there any defect of vision?	YES/NO	
	(b) Give acuity of vision by Snellens Test with and without glasses/lenses (see page 1 note 3):- Note: If you are not able carry out the required tests as per 22 (b) & (c) the applicant MUST be referred to an Optometrist	RE..... LE without corrective lenses. RE..... LE with corrective lenses (if applicable).	
	(c) Does the applicant have a horizontal visual field of at least 160 degrees; the extension should be at least 70 degrees left and right and 30 degrees up and down? No defects should be present within a radius of the central 30 degrees.	YES/NO	
	(d) Does the applicant suffer from double vision or any other visual defect which could affect his fitness to drive a motor vehicle?	YES/NO	
	(e) Do you consider the Applicant should wear corrective lenses when driving?	YES/NO	
23.	Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties* as a Hackney Carriage or Private Hire Vehicle driver?	YES/NO	
24.	Has the applicant any deformity, loss of limbs, loss of power, control or sensation in any of the limbs? If so, could it interfere with the efficient performance of his/her duties* as a Hackney Carriage or Private Hire vehicle driver?	YES/NO	
25.	Does the applicant show any evidence of being addicted to the use of alcohol and/or drugs, or is there any medical history of this?	YES/NO	
26.	Is the applicant in your opinion generally fit as regards bodily health and temperament, for the duties* of a Hackney Carriage or Private Hire vehicle driver?	YES/NO	
27.	Is there any abnormality present that is not included in the above questions?	YES/NO	
<p>Space for details if the answer is 'YES' to any of the above (e.g. period of illness, nature and character of treatment, date of refrain/return to work, whether any further attack, risk to general public etc.)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
<p>* As well as professional driving standards please consider such duties as assisting passengers, loading/unloading luggage/wheelchairs, carrying assistance dogs, etc.</p>			

28. Do you consider further examination necessary? If so in what period of time?	YES/NO	
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Medical Practitioner:

I certify that I have this day examined:

I am the applicant's registered General Practitioner and the answers to the foregoing questions are correct to the best of my knowledge and belief.

I am NOT the applicant's registered General Practitioner but I have access to the applicants full medical records and the answers to the foregoing questions are correct to the best of my knowledge and belief.

GMC Number

Name of Medical Practitioner.....

Address:

..... Postcode:.....

Telephone No: Email:.....

Signature of Medical Practitioner Date

Date:



Applicant:

I declare that the answers to the above questions are honest and full and that I am not otherwise aware of any physical or mental disability which will, or may affect my working capacity. I realise that any false or incomplete statement on my part may lead to cancellation of my Licence.

Signature of Applicant: Date:

(To be signed in the presence of the Medical Practitioner signing the certificate).

Please return this form to:

Licensing Team, Buckinghamshire Council, The Gateway, Gatehouse Road, Aylesbury, Buckinghamshire HP19 8FF