

DVLA Group 2 Medical Assessment

Associated with an application for a licence to drive a Hackney Carriage or Private Hire Vehicle

Name:	Date of birth:
Surname:	Age at appointment:
Current Address:	
Post Code:	
Contact telephone number:	

Notes for the Applicant

You must take a form of photographic identity to the examination, for example your passport or DVLA driving licence.

Vision assessment: Section 1 requires a measurement of visual acuity (a test of what you can see) AND an eye health assessment. Some doctors will be able to fill in both sections, but if your doctor is unable to fully answer all of the questions you must have it completed by an optician/optometrist. If you do not wear glasses to meet the eyesight test standard or if you have a minus (-) eyesight prescription, your doctor may be able to fill in the whole report. If you wear glasses and you have asked a doctor to fill in the report, you must take your current prescription to the assessment.

Changes to medical information

- a. An applicant/driver with an ongoing medical condition, ie, diabetes which is controlled by insulin, a heart condition etc, must continue to provide the Council with details of any change in that condition or in their medication
- b. During the life of a licence:
 - i. a driver diagnosed with a new medical condition or
 - ii. a driver who has an existing condition which develops (and may affect their ability to drive)is required to inform the Licensing Section immediately. In these circumstances a further medical may be required.

Please ensure that you have allowed plenty of time, particularly when renewing a licence, to book GP appointment(s)

A completed report is valid only for 6 months from the date the doctor signs the report.

Where evidence is required every 3 years in the form of an exercise ECG, OR stress myocardial perfusion scan OR stress Echocardiogram as required by the DVLA a full medical must also be provided at that time.

The Council is not responsible for any fees that you may pay to a doctor and/or optician/optometrist and/or other medical specialist, even if you are unable to meet the Group 2 medical fitness to drive standard.

Applicant’s consent and declaration:

To be completed in the presence of the doctor carrying out the examination

(Please read the following carefully before signing and dating the declaration).

I authorise the General Practitioner(s) who is a GP at the practice I am registered with, Specialist(s), Consultant(s) to release medical information about my condition, together with any relevant information relevant to fitness to drive, to the Licensing Section of Reigate & Banstead Borough Council for the purpose of the Council (by its Officers, Members and nominated Medical advisor) of assessing my fitness to drive a hackney carriage or private hire vehicle licensed by that Council.

I declare that to the best of my knowledge and belief all information given by me to my doctors in connection with the examination or completion of the DVLA Group 2 medical examination report are true. In the event that the Council is not satisfied of my fitness to drive a hackney carriage or private hire vehicle, I may, at my own cost, submit further medical evidence to the Council as I consider appropriate.

I undertake to notify the Council immediately of any changes to an existing condition identified by the GP in this report AND/OR diagnosis of a new medical condition, or any other changes which may affect my ability to drive.

Signed	Date
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General Practitioner declaration:

Note to the doctor carrying out the examination:

The Council’s policy on medical fitness requires that taxi drivers meet the same standards as those which apply to drive large goods and public carriage vehicles ie Group 2 Entitlement, as set out in the DVLA publication Medical Standards of Fitness to Drive’ available at: www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals

If any amendments or mistakes are made when completing the form, please ensure you date and sign alongside the alteration.

Please answer all questions below and once completed sign the declaration on the last page of the form

Have you confirmed the applicant’s identity with reference to the photographic document provided by the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant a registered patient of the surgery / medical centre at which you practice as a registered medical practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Note: you must read 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

The visual acuity, as measured by the 6 metre Snellen chart must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and a least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard.

1. Please confirm the scale you are using to express the driver's visual acuities
 Snellen Snellen expressed as a decimal LogMAR
 2. Please state the visual acuity of each eye

Uncorrected		Corrected (using the prescription worn for driving)	
Right <input style="width: 100px;" type="text"/>	Left <input style="width: 100px;" type="text"/>	Right <input style="width: 100px;" type="text"/>	Left <input style="width: 100px;" type="text"/>
 3. Please give the best binocular acuity with corrective lenses if worn for driving
 4. If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8(+8) dioptries? YES NO
 5. If a correction is worn for driving, is it well tolerated? YES NO
 6. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? YES NO
 If so, then formal field testing may be required
 7. Is there a defect in the patient's binocular field of vision (central and/or peripheral)? YES NO
 8. Is there diplopia (controlled or uncontrolled)? YES NO
 9. Does the patient have any other ophthalmic condition? YES NO
 If YES to questions 4, 5 or 6 please give details in Section 9.
- In relation to section 1 does the applicant meet the DVLA Group II medical standards?** YES NO

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:	Practice Stamp:
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2 Nervous System

YES NO

1. Has the patient had any form of epileptic attack since attaining the age of 5 years? YES NO
 If YES, please answer questions a-f below
- (a) Has the patient had more than one attack? YES NO
- (b) Please give date of first and last attack
 First attack Last attack
- (c) Is the patient currently on anti-epilepsy medication? YES NO
 If YES, please give details of current medication:
- (d) If treated, please give date when treatment ended.
- (e) Has the patient had a brain scan? If YES, please state dates. YES NO
 MRI Date CT Date
- (f) Has the patient had an EEG? YES NO
 If YES, please provide date and details
2. Is there a history of blackout or impaired consciousness within the last 5 years? YES NO
 If YES, please give dates and details at Section 9:
3. Is there a history of, or evidence of, any of the conditions listed at a – g below? YES NO
 If NO, go the Section 3.
 If YES, please answer the following questions, give dates and full details.
- (a) Stroke or TIA *please delete as appropriate* YES NO
 If YES, please give date 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 head injury within the last 10 years YES NO
- (e) Brain tumour, either benign or malignant, primary, or secondary YES NO
- (f) Other brain surgery/abnormality YES NO
- (g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis YES NO
- In relation to section 1 does the applicant meet the DVLA Group II medical standards?** YES NO
- If not please indicate reasons why

3	Diabetes Mellitus	YES	NO
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- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Does the patient have diabetes mellitus?
If NO, please go to Section 4.
If YES, please FULLY COMPLETE SECTION 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If the diabetes managed by:- | | |
| | (a) Insulin?
If YES, please give date started on insulin & CONFIRM THAT THE CRITERIA FOR INSULIN TREATED DRIVERS AS LISTED BELOW ARE MET. Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) Medication other than insulin and carrying risks of hypoglycaemia? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (c) Oral hypoglycaemic agents and diet?
If YES, please provide details of medication: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| | d) Diet only? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | |

For diabetics treated with INSULIN the following criteria must be met:

- | | | |
|--|--------------------------|--------------------------|
| • full awareness of hypoglycaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • no episode of severe hypoglycaemia in the preceding 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| • practices blood glucose testing (taking finger prick readings) – at least twice daily, including days when not driving; and | <input type="checkbox"/> | <input type="checkbox"/> |
| • no more than 2 hours before the start of the first journey; and | <input type="checkbox"/> | <input type="checkbox"/> |
| • every 2 hours after driving has started. | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Note: if using flash GM and RT-CGM, finger prick readings must still be taken</i> | | |
| • a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started | <input type="checkbox"/> | <input type="checkbox"/> |
| • must use a blood glucose meter with sufficient memory to store 6 weeks of readings. | <input type="checkbox"/> | <input type="checkbox"/> |
| • the applicant’s usual doctor who provides diabetes care to undertake a regular examination to include a review of the previous 6 weeks glucose readings | <input type="checkbox"/> | <input type="checkbox"/> |
| • an examination to be undertaken every 12 months by an independent <u>consultant specialist</u> in diabetes if the examination by their usual doctor is satisfactory (please attach latest report) | <input type="checkbox"/> | <input type="checkbox"/> |
| • demonstrates an understanding of the risks of hypoglycaemia. | <input type="checkbox"/> | <input type="checkbox"/> |
| • has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: The Council will require applicants to sign an undertaking to confirm they will comply with the directions of healthcare professionals treating their diabetes.
If the medical standards are met, a 1, 2 or 3 year licence will be issued.

For diabetics treated by medication other than insulin and carrying risks of hypoglycaemia the following criteria must be met:

- | | | |
|---|--------------------------|--------------------------|
| • full awareness of hypoglycaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • no episode of severe hypoglycaemia in the preceding 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| • practices regular self-monitoring of blood glucose– at least twice daily and at times relevant to driving (ie, no more than 2 hours before the start of the first journey and every 2 hours whilst driving) | <input type="checkbox"/> | <input type="checkbox"/> |
| • demonstrates an understanding of the risks of hypoglycaemia. | <input type="checkbox"/> | <input type="checkbox"/> |
| • has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect | <input type="checkbox"/> | <input type="checkbox"/> |

If the medical standards are met, a 1, 2 or 3 year licence will be issued.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 4. Is there evidence of:- | | |
| (a) Loss of visual field? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Diminished / Absent awareness of hypoglycaemia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been any laser treatment for retinopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date(s) of treatment <input style="width: 150px; height: 20px;" type="text"/> | | |
| 6. Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES to any of 4 – 6 above please give details in Section 9. | | |
| In relation to section 3 does the applicant meet the DVLA Group II medical standards? | <input type="checkbox"/> | <input type="checkbox"/> |

If not please indicate reasons why

4	Psychiatric Illness	YES	NO
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Is there a history of, or evidence of any of the conditions listed at 1 – 7 below? YES NO

If NO, please go to Section 5.

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 9. (Please enclose relevant notes). (If patient remains under specialist clinic(s) please give details in Section 9).

- | | YES | |
|---|--------------------------|--|
| 1. Significant psychiatric disorder within the past 6 months? | <input type="checkbox"/> | |
| 2. A psychotic illness within the past 3 years, including psychotic depression? | <input type="checkbox"/> | |
| 3. Dementia or cognitive impairment? | <input type="checkbox"/> | |
| 4. Persistent alcohol misuse in the past 12 months? | <input type="checkbox"/> | |
| 5. Alcohol dependency in the past 3 years? | <input type="checkbox"/> | |
| 6. Persistent drug misuse in the past 12 months? | <input type="checkbox"/> | |
| 7. Drug dependency in the past 3 years? | <input type="checkbox"/> | |

In relation to section 4 does the applicant meet the DVLA Group II medical standards? YES NO

If not, please indicate reasons why

5 Cardiac * (Please read note below) YES NO

Is there a history of, or evidence of, Coronary Artery disease?

If NO, go to Section 5B.

If YES, please answer all questions below and give details in Section 9.

NOTE: If a patient has established coronary heart disease, or other cardiovascular disorder, evidence will be required that the applicant meets the relevant standards which may include an exercise ECG or other functional tests ie stress myocardial perfusion scan, or stress echocardiogram – to be completed every three years in accordance with Appendix C, Assessing Fitness to Drive - A guide for medical professionals. <https://www.gov.uk/government/publications/assessingfitness-to-drive-a-guide-for-medical-professionals>

A reading of the LV ejection fraction may also be required for some conditions.

Applicants cannot meet the Group 2 requirements without completing these tests.

5A Coronary Artery Disease YES NO

1. Acute Coronary Syndromes including Myocardial Infarction?
 If YES, please give date(s):
2. Coronary artery by-pass graft?
 If YES, please give date(s):
3. Coronary Angioplasty (P.C.I.)?
 If YES, please give date of most recent intervention:
4. Has the patient suffered from Angina?
 If YES, please give the date of the last attack:

In relation to section 5A does the applicant meet the DVLA Group II medical standards?

If not, please indicate reasons why

*

5B Cardiac Arrhythmia YES NO

Is there a history of, or evidence of, cardiac arrhythmia?

If NO, go to Section 5C.

If YES, please answer all questions below and give details in Section 9.

1. Has there been a significant disturbance of cardiac rhythm? i.e. Sinus node disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in 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:
 (b) Is the patient free of symptoms that caused the device to be fitted?
 (c) Does the patient attend a pacemaker clinic regularly?

In relation to section 5B does the applicant meet the DVLA Group II medical standards?

If not please indicate reasons why

5C Peripheral Arterial Disease (excluding Buerger's Disease) Aortic Aneurysm/Dissection YES NO

Is there a history or evidence of ANY of the following? YES NO

If NO, go to Section 5D.

If YES, please answer the questions below and give details in Section 9.

1. PERIPHERAL ARTERIAL DISEASE (excluding Buerger's Disease) YES NO

2. Does the patient have claudication? YES NO

If YES, please give details as to how long in minutes the patient can walk at a brisk pace before being symptom limited:

3. AORTIC ANEURYSM YES NO

If YES:

(a) Site of Aneurysm: Thoracic Abdominal

(b) Has it been repaired successfully? YES NO

(c) Is the transverse diameter currently > 5.5cms? YES NO

If NO, please provide latest measurement: Date Obtained:

4. DISSECTION OF THE AORTA REPAIRED SUCCESSFULLY: YES NO

If YES, please provide details

In relation to section 5C does the applicant meet the DVLA Group II medical standards? YES NO

If not please indicate reasons why

5D Valvular/Congenital Heart Disease YES NO

Is there a history of, or evidence of, valvular/congenital heart disease? YES NO

If NO, go to Section 5E.

If YES, please answer all questions below and give details in Section 9 of the form

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 any history of embolism? (not pulmonary embolism) YES NO

4. Does the patient currently have significant symptoms? YES NO

5. Is there a history of, aortic stenosis? YES NO

If YES, please provide relevant reports.

6. Has there been any progression since the last licence application? (if relevant) YES NO

In relation to section 5D does the applicant meet the DVLA Group II medical standards? YES NO

If not please indicate reasons why

5E Cardiac Other YES NO

Does the patient have a history of ANY of the following conditions? YES NO

If NO go to Section 5F

If YES, please answer all questions below and give details in Section 9 of the form

- (a) A history of, or evidence of, heart failure? YES NO
- (b) Established cardiomyopathy? YES NO
- (c) A heart or heart/lung transplant? YES NO
- (d) Has a left ventricular assist device (LVAD) been implanted? YES NO

In relation to section 5E does the applicant meet the DVLA Group II medical standards? YES NO

If not please indicate reasons why

5F Cardiac Investigations (This section must be filled in for all patients) YES NO

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 an exercise ECG been undertaken (or planned)? YES NO

If YES, please provide date and give details in Section 9:

3. Has an echocardiogram been undertaken (or planned)? YES NO

(a) If YES, please give date and give details in Section 9:

(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 9:

5. Has a 24-hour ECG tape been undertaken (or planned)? YES NO

If YES, please provide date and give details in Section 9:

6. Has a Myocardial Perfusion Scan or Stress Echo study been undertaken? YES NO

If YES, please provide date and give details in Section 9:

In relation to section 5F does the applicant meet the DVLA Group II medical standards? YES NO

If not please indicate reasons why

5G Blood Pressure (This section must be filled in for all patients)

YES NO

- 1. Is today's best systolic pressure reading 180 mm/Hg or more? (Please give reading) YES NO
 BP reading:
- 2. Is today's best diastolic pressure reading 100mm Hg or more? (Please give reading) YES NO
 BP reading:
- 3. Is the patient on anti-hypertensive treatment? YES NO

If YES to any of the above please provide three previous readings with dates if available:

BP reading 1:	<input style="width: 100%; height: 20px;" type="text"/>	Date:	<input style="width: 100%; height: 20px;" type="text"/>
BP reading 2:	<input style="width: 100%; height: 20px;" type="text"/>	Date:	<input style="width: 100%; height: 20px;" type="text"/>
BP reading 3:	<input style="width: 100%; height: 20px;" type="text"/>	Date:	<input style="width: 100%; height: 20px;" type="text"/>

In relation to section 5G does the applicant meet the DVLA Group II medical standards? YES NO

If not please indicate reasons why

6 General

YES NO

Please answer all questions in this section.

If your answer is YES to any question, please give full details in Section 9.

- 1. Is there currently a disability of the spine or limbs likely to impair control of the vehicle? YES NO
- 2. (a) Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise YES NO
 If YES, please give dates and diagnosis and state whether there is current evidence of dissemination?

- (b) Is there any evidence the patient has a cancer that causes fatigue or cachexia that affects safe driving? YES NO
- 3. Is the patient profoundly deaf? YES NO
 If YES, is the patient able to communicate in the event of an emergency by speech or by using a device e.g. a text/phone? YES NO
- 4. Is there a history of either renal or hepatic failure? YES NO
- 5. Is there a history of, or evidence of sleep apnoea syndrome? YES NO
 If YES please indicate severity

Mild (AHI <15) Moderate (AHI 15 – 29) Severe (AHI >29) Not known

(a) Date of diagnosis

(b) Is it controlled successfully?

(c) If YES, please state treatment

(d) Please state period of control

(e) Please provide neck circumference

(f) Please provide girth measurement in cms

(g) Date last seen by consultant with copy of latest outpatient letter.

6. Does the patient suffer from narcolepsy or cataplexy?

7. Is there any other Medical Condition causing daytime sleepiness?
If YES, please provide details

(a) Diagnosis

(b) Date of diagnosis

(c) Is it controlled successfully?

(d) If YES, please state treatment

(e) Please state period of control

(f) Date last seen by consultant.

8. Does the patient have severe symptomatic respiratory disease-causing chronic hypoxia?

9. Does any medication currently taken cause the patient side effects that could affect safe driving?
If YES, please provide details:

10. Does the patient have any other medical condition that could affect safe driving?
If YES, please provide details:

In relation to Section 6 does the applicant meet the DVLA Group II medical standards?

If not please indicate reasons why

7 Alcohol and/or Drug Mis-Use

YES NO

Please answer all questions in this section.

If your answer is YES to any question please give full details in Section 9.

- 1. Does the patient show any evidence of being addicted to the excessive use of alcohol? YES NO
- 2. Does the patient show any evidence of being addicted to the excessive use of drugs? YES NO

In relation to section 7 does the applicant meet the DVLA Group II medical standards?
If not please indicate reasons why YES NO

8 Equalities Act 2010

YES NO

Please answer all questions in this section.

If your answer is YES to any question please give full details in Section 9 and include copies of any relevant medical reports.

- 1. Does the patient have any medical or any physical condition that makes it impossible or unreasonably difficult for them to load or unload a passenger seated in a wheelchair into a vehicle, load a wheelchair into the boot of a vehicle or give reasonable assistance to a disabled passenger (while still able to comply with all Group 2 driving requirements)? YES NO
- 2. Does the patient have any medical condition that requires an exemption from carrying guide dogs, hearing dogs or other assistance dogs? YES NO

9 Additional Information

10 Other Conditions

YES NO

Does the applicant suffer from any disease or disability not mentioned above, which is likely to interfere with the efficient discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public. YES NO

If 'YES', please specify.

General Practitioner

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

If a medical condition has been identified, provide full details in the relevant section and any additional information in section 9. Please also attach evidence which confirms that any relevant tests have been met along with copies of consultant’s reports, hospital discharge papers etc

DECLARATION: Please read the following carefully before completing, signing, and dating 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 “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 driver under the DVLA Group 2 medical standards which reflects the time the driver may spend at the wheel in the course of their occupation.

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

MEETS

DOES NOT MEET

the minimum standards required for the DVLA Group 2 medical standards.

Doctor’s name & GMC number	Surgery Stamp: (not accepted without surgery stamp)
Surgery name:	
Surgery address:	
Signed:	Date:

The decision to award a private hire or hackney carriage driver’s licence will be made by Reigate & Banstead Borough Council. The advice and opinion of the Medical Practitioner responsible for completing this medical report is important in informing this decision