

# Medical report: guidance notes

## Medical in confidence

Information required for Hackney Carriage and Private Hire Drivers under Section 57 of Local Government (Miscellaneous Provisions) Act 1976

### Note to the doctor

The Council requires the Group 2 medical standards which apply to large goods vehicles and public carriage vehicles to apply in respect of hackney carriage and private hire driver licences. You may find it helpful to consult the DVLA's "At a glance Guide to the current Medical Standards of Fitness to Drive" available at <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>

### What the doctor has to do

1. Ensure the applicant fills out Section 1 in your presence.
2. Complete Sections 2-9.

### Notes for an applicant for a licence to drive Hackney Carriages (HC) or Private Hire vehicles (PH).

- If this is your first application for a Hackney Carriage/Private Hire vehicle licence you must produce the Medical Examination form **completed by a doctor who is a Registered General Practitioner at the practice you are registered at**. You must also do this if you are applying to renew your licence at the age of 45 and every three years thereafter until age 65.
- From the age of 65 a medical examination is required annually and this form must accompany each renewal.
- If you have any questions please email licensing at [licensing@reigate-banstead.gov.uk](mailto:licensing@reigate-banstead.gov.uk)

### What you (the applicant) must do

1. Before you consult your doctor please read the notes "Medical standards for the drivers of Hackney Carriages or Private Hire vehicles for common medical conditions" found on the next page. If you have any of these conditions you will not meet the Council's medical standard and your application may be refused. However, each application will be considered on its own merit.
2. If after reading these notes, you have any doubts about your ability to meet the medical standards, consult your doctor before you arrange for this medical form to be completed. The doctor may charge you for completing it. In the event of your application being refused, the fee you pay the doctor is not refundable. The Council has no responsibility for the fee payable to the doctor.
3. Complete Section 1 of this report in the presence of the doctor carrying out the examination.
4. The Council must receive this report within six months of the doctor signing the report. The report is only valid for six months from date of receipt.
5. Please check that all the sections have been completed fully. If any medical conditions are identified, please ensure an explanation is given in section 8 and that section 9 is completed.

## Medical standards for drivers of Hackney Carriage or Private Hire vehicles for common medical conditions

The standards are higher for Hackney Carriage and Private Hire drivers than those required for normal car drivers. This page is a list of common conditions that would bar someone from becoming a Hackney Carriage and Private Hire driver, but is not an exclusive list. If you are in any doubt as to whether your condition would affect your application please email the licensing team at [licensing@reigate-banstead.gov.uk](mailto:licensing@reigate-banstead.gov.uk) for further advice.

The following conditions are a bar to holding a Hackney Carriage and Private Hire driver licence:

### 1. Epileptic attack

Applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti-epileptic medication during this ten year period. If these conditions cannot be met the Council may refuse or revoke the licence.

### 2. Diabetes

Insulin treated diabetics may not obtain a licence unless they held a Hackney Carriage and Private Hire driver licence valid at 1 April 1991 and the Council had knowledge of the insulin treatment before 1 January 1991, or if they meet a strict criteria of diabetic control which includes having full awareness of hypoglycaemia. If you believe you may meet these criteria please contact licensing to discuss this further.

### 3. Eyesight

- (i) applicants for hackney carriage and private hire vehicle driver licences must have:
- a visual acuity of at least 6/7.5 (0.8 decimal) in the better eye; **and**
  - a visual acuity of at least 6/60 (0.1) in the poorer eye; **and**
  - where glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptries in any meridian of either lense.

It is also necessary for all drivers of Group 2 vehicles to be able to meet the prescribed and relevant Group 1 visual acuity requirements:-

- must be able to meet the above prescribed standard for reading a number plate. In addition, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (Snellen decimal 0.5) with both eyes open, or in the only eye if monocular.
- (ii) applicants are barred from holding a Hackney Carriage and Private Hire vehicle driver licence if they have:
- uncontrolled diplopia (double vision)
  - or do not have a normal binocular field of vision.

### Other medical conditions

In addition to those medical conditions shown above, applicants (or licence holders) would be shown as unfit to drive a Hackney Carriage and Private Hire vehicle if they are unable to meet the DVLA Group 2 guidelines in the following cases:

- Within three months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty;
- A significant disturbance of cardiac rhythm unless special criteria are met;

- Suffering from or receiving medication for angina or heart failure;
- Hypertension where the BP is consistently 180 systolic or over or 100 diastolic or over;
- A stroke, or TIA within the last 12 months;
- Unexplained loss of consciousness within the past five years;
- Meniere's and other conditions causing disabling vertigo, within the past one year, and with a liability to recurrence;
- Recent severe head injury with serious continuing after effects, or major brain surgery;
- Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination;
- Suffering from a psychotic illness in past three years, or suffering from dementia;
- Persistent alcohol, drug or substance misuse in the past 12 months or alcohol, drug or substance misuse in the past three years;
- Insuperable difficulty in communicating by telephone in an emergency;
- Any other serious medical conditions which may cause problems for road safety;
- If major psychotropic or neuroleptic medication is being taken;
- Any malignant condition within the last two years likely to metastasise to the brain for example malignant melanoma.

A Hackney Carriage or Private Hire driver licence issued after cardiac assessment – usually for ischaemic or untreated heart valve disease – will usually be short-term and licence renewal will require satisfactory medical reports including an exercise or other functional test, as required from the DVLA. See Appendix C at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/526635/assessing-fitness-to-drive-a-guide-for-medical-professionals.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526635/assessing-fitness-to-drive-a-guide-for-medical-professionals.pdf) for cardiac considerations and the requirements of exercise tolerance testing.

**It is the duty of you as the licence holder to inform us if you have a condition or are undergoing treatment or have a medical condition that may now, or in the future, affect your safety as a driver.**

**Please inform us in writing and supply supporting medical reports / letters.**

## Medical report on an applicant for a licence to drive Hackney Carriages or Private Hire Vehicles

**Applicant's details:** This page to be completed by the applicant in the presence of the Medical Practitioner carrying out the examination. Please fill out all relevant sections.

### 1A Personal details

Surname: ..... Forename(s): .....

Date of birth: ..... Email address: .....

Home telephone: ..... Mobile telephone: .....

Address: .....

.....

### 1B GP/Group Practice details

GP/Group Practice name: .....

Address: .....

.....

Contact telephone: .....

### 1C Consultant/Specialist details

Surname: ..... Forename(s): .....

Address: .....

.....

Contact telephone: .....

Speciality: ..... Date last seen: .....

### 1D Applicant's consent and declaration

This section **must** be completed and must not be altered in any way. **Please sign statement below.**

**I authorise** my Doctor(s) and Specialist(s) to release reports to the Council's Medical Adviser about my medical condition.

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: ..... Date signed: .....

**The rest of this medical report is to be completed by the  
Registered General Practitioner, from the practice where the  
applicant is registered, carrying out the examination**

Please give applicant's weight.....(kg/st)      Please give applicant's height .....(ft/cm)

Give details of smoking habits, if any: .....

Give number of alcohol units taken each week:.....

## 2 Vision

(a) Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other?  
(*corrective lenses may be worn*)      yes ☐      no ☐

(b) Do corrective lenses have to be worn to achieve this standard?      yes ☐      no ☐

If yes, do they have a corrective power not exceeding +8 dioptries?      yes ☐      no ☐

(c) Please state the visual acuities of each eye in terms of the 6m Snellen chart and  
corrective power of lenses (*as applicable*)

	Uncorrected (no lenses)	Corrected (with lenses)	Corrective power of lenses in dioptries
Right			
Left			

(d) Is there a full binocular field of vision? (*central and peripheral*)      yes ☐      no ☐

If no, and there is a visual field defect please give details in Section 8 and enclose a copy of recent field charts, if possible.

(e) Is there diplopia (*controlled or uncontrolled*)?      no ☐      yes ☐

If **yes**, give details in **Section 8**.

(f) Does the applicant have any other ophthalmic condition      no ☐      yes ☐

If **yes**, give details in **Section 8**.

## 3 Nervous system

If you answer **yes** to any question in this section, please provide further dates and details in **Section 8**.

(a) Has the applicant had any form of epileptic attack?      no ☐      yes ☐

If yes:-

i. has the applicant had more than one attack?      no ☐      yes ☐

ii. give the date of the last attack: .....

iii. is the applicant currently on anti-convulsant/anti-epileptic medication?      no ☐      yes ☐

iv. if treatment has ceased, please give date when treatment ceased: .....

(b) Is there a history of blackout or impaired consciousness within the last 5 years?      no ☐      yes ☐

(c) Is there a history of, or evidence of stroke or TIA?      no ☐      yes ☐

- (d) Is there a history of, or evidence of sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur? no ☐ yes ☐
- (e) Is there a history of, or evidence of subarachnoid haemorrhage? no ☐ yes ☐
- (f) Is there a history of, or evidence of serious head injury? no ☐ yes ☐
- (g) Is there a history of, or evidence of brain tumour, benign or malignant, primary or secondary? no ☐ yes ☐
- (h) Is there a history of, or evidence of other brain surgery/abnormality? no ☐ yes ☐
- (i) Is there a history of, or evidence of chronic and/or progressive neurological disorders? no ☐ yes ☐
- (j) Does the applicant have a pathological sleep disorder? no ☐ yes ☐
- i. If yes, has it been controlled? no ☐ yes ☐

#### 4 Diabetes mellitus

- (a) Does the applicant have diabetes mellitus? no ☐ yes ☐

If **no**, please go to **Section 5**.

If **yes**, please answer **all** the following questions and state in **Section 8** how the driver meets the DVLA Group 2 guidance:

- (b) Is the diabetes managed by:
- i. insulin? no ☐ yes ☐
- ii. oral hypoglycaemic agents and diet? no ☐ yes ☐
- iii. tablets which carry a risk of inducing hypoglycaemia? no ☐ yes ☐
- iv. diet only? no ☐ yes ☐
- (c) Is the diabetic control generally satisfactory? yes ☐ no ☐
- (d) Is there evidence of:
- i. severe peripheral neuropathy, sufficient to impair limb function or joint position sense for safe driving? no ☐ yes ☐
- ii. diminished/absent awareness of hypoglycaemia? no ☐ yes ☐
- (e) Is there a history of significant episodes of hypoglycaemia? no ☐ yes ☐

#### 5 Psychiatric illness

If you answer **yes** to any question in this section, please provide give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 8**.

- (a) Is there a history of, or evidence of significant psychiatric disorder within the past 6 months? no ☐ yes ☐
- (b) Is there a history of, or evidence of a psychotic illness within the past 3 years, including psychotic depression? no ☐ yes ☐

- (c) Is there a history of, or evidence of dementia or cognitive impairment? no ☐ yes ☐
- (d) Is there evidence of persistent alcohol or drug or substance **misuse** in the past 12 months? no ☐ yes ☐
- (e) Is there evidence of alcohol, drug or substance **dependency** in the past 3 years? no ☐ yes ☐

## 6 Cardiac

### 6A Coronary artery disease

- (a) Is there a history of, or evidence of Coronary Artery Disease? no ☐ yes ☐

If **no**, please go to **Section 6B**.

If **yes**, please answer **all** questions below and give dates and details in **Section 8**.

- (b) Is there a history of Acute Coronary Syndromes including Myocardial Infarction? no ☐ yes ☐
- (c) Is there a history of Coronary artery by-pass graft (*CAPG*) surgery? no ☐ yes ☐
- (d) Is there a history of Coronary Angioplasty (*PCI*)? no ☐ yes ☐
- (e) Has the applicant suffered from Angina? no ☐ yes ☐
- (f) Is there a history of any other Coronary artery procedure? no ☐ yes ☐

### 6B Cardiac arrhythmia

- (a) Is there a history of, or evidence of cardiac arrhythmia? no ☐ yes ☐

If **no**, please go to **Section 6C**.

If **yes**, please answer **all** questions below and give dates and details in **Section 8**.

- (b) Has there been a significant disturbance of cardiac rhythm? That is Sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia? no ☐ yes ☐
- (c) Has the arrhythmia been controlled satisfactorily for at least 3 months? no ☐ yes ☐
- (d) Has a cardiac defibrillator or antivenricular tachycardia device been implanted? no ☐ yes ☐
- (e) Has the arrhythmia (*or its medication*) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years? no ☐ yes ☐
- (f) Has a pacemaker been implanted? no ☐ yes ☐
- If yes:
- (a) Please supply the date:
- (b) Is the applicant free of symptoms that caused the device to be fitted? yes ☐ no ☐



**6C Peripheral arterial disease and aortic aneurysm/dissection**

If you answer **yes** to any question in this section, please provide details in **Section 8**.

- (a) Does the applicant have a history of, or evidence of peripheral arterial disease? no ☐ yes ☐
- (b) Does the applicant have a history of aortic aneurysm? no ☐ yes ☐
- i. If yes, is the transverse diameter **currently** > 5.5cms? no ☐ yes ☐

ii. if no, please provide latest measurement and date obtained: .....
- (c) Has there been dissection of the aorta? (please do not miss this question out) no ☐ yes ☐

**6D Valvular/Congenital heart disease**

If you answer **yes** to any question in this section, please provide details in **Section 8**.

- (a) Is there a history of congenital heart disease? no ☐ yes ☐
- (b) Is there a history of heart valve disease? no ☐ yes ☐
- (c) Is there any history of embolism (*not pulmonary embolism*)? no ☐ yes ☐
- (d) Does the applicant currently have significant symptoms? no ☐ yes ☐

**6E Cardiac other**

If you answer **yes** to any question in this section, please provide details in **Section 8**.

- (a) Does the applicant have a history of, or evidence of heart failure? no ☐ yes ☐
- (b) Does the applicant have established cardiomyopathy? no ☐ yes ☐
- (c) Has the applicant had a heart or heart/lung transplant? no ☐ yes ☐

**6F Cardiac investigations**

If you answer **yes** to any question in this section, please provide details in **Section 8**  
with details of why the test was undertaken and the results.

- (a) Has a resting ECG been undertaken? no ☐ yes ☐
- If yes, does it show:

i. pathological Q waves? no ☐ yes ☐

ii. left bundle branch block? no ☐ yes ☐
- (b) Has an exercise ECG been undertaken (*or planned*)? no ☐ yes ☐
- (c) Has an echocardiogram been undertaken (*or planned*)? no ☐ yes ☐
- i. if undertaken, is/was the left ventricular ejection fraction greater than or equal to 40% yes ☐ no ☐
- (d) Has a coronary angiogram been undertaken (*or planned*)? no ☐ yes ☐
- (e) Has a myocardial perfusion scan or stress echo been undertaken (*or planned*)? no ☐ yes ☐



**6G Blood pressure**

- (a) Is there a history of systolic readings consistently above 180? no ☐ yes ☐
- (b) Is there a history of diastolic readings consistently above 100? no ☐ yes ☐
- (c) Is the applicant on anti-hypertensive treatment? no ☐ yes ☐

i. if yes, does the treatment cause any side effects likely to affect driving abilities? no ☐ yes ☐

- (d) If available, please provide the previous three readings with dates if available:

.....

.....

.....

If you answer **yes** to any question in this section, please provide details in **Section 8**.

**7 General**

If you answer **yes** to any question in this section, please provide details in **Section 8**.

- (a) Is there currently a disability of the spine or limbs, likely to impair control of the vehicle? no ☐ yes ☐
- (b) Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally? no ☐ yes ☐

If yes, please give dates and diagnoses and state whether there is current evidence of dissemination in Section 8.

- (c) Is there any evidence the applicant has a cancer that causes fatigue or cachexia that affects safe driving? no ☐ yes ☐
- (d) Is the applicant profoundly deaf? no ☐ yes ☐

i. if yes, is the applicant able to communicate in the event of an emergency by speech or by using a device, for example a textphone? yes ☐ no ☐

- (e) Is there a history of, or evidence of sleep apnoea syndrome? no ☐ yes ☐
- (f) Does the applicant suffer from narcolepsy/cataplexy? no ☐ yes ☐
- (g) Is there any other medical condition, causing excessive daytime sleepiness? no ☐ yes ☐
- (h) Does the applicant have severe symptomatic respiratory disease? no ☐ yes ☐
- (i) Does any medication currently taken cause the applicant side effects that could affect safe driving? no ☐ yes ☐
- (j) Does the applicant have any other medical condition that could affect safe driving? no ☐ yes ☐
- (k) Does the applicant suffer from any recognised medical condition (*such as severe asthma, allergic reaction or chronic phobia*) that would preclude them from carrying Guide and/or Assistance dogs? no ☐ yes ☐

## 8 Further details

Please use this space to provide further details required with reference to any of the previously answered questions to include any medication and date of diagnosis.

## 9 DVLA Group 2 standards of fitness to drive

Group 2 is the same medical standard that is required for large lorries and buses and the medical standard required is much higher to reflect the length of time the driver may spend at the wheel in the course of his/her occupation.

Where this medical has identified a medical condition(s) please confirm that you have checked the Group 2 Guidelines issued by the DVLA and that the applicant meets the relevant requirement in respect of the condition(s).

yes ☐ no ☐

The decision to award a private Drivers 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.

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**Applicant's name:**..... **DoB:** .....

## 10 General Practitioner declaration

To be completed by the doctor carrying out the examination from the registered practice to which the applicant is registered at.

**I certify that I am a Registered General Practitioner at the practice where the applicant is registered.**

I have this day examined the applicant who has signed this form in my presence.

I have filled in the applicant's name and date of birth on the bottom of each page.

Signature: ..... Date signed: .....

Surname: ..... Forename(s): .....

GMC Reference Number.....

Address: .....

.....

**Surgery stamp input in box below**



**Note:** If your medical is submitted without the surgery stamp your medical may be rejected.

Please ensure all sections have been answered fully.

If a medical condition has been identified, provide full details in section 8 and ensure section 9 has been completed.

This medical report is valid for six months from date of receipt by Reigate & Banstead BC.

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### Address:

Licensing Officer, Reigate & Banstead Borough Council, Town Hall, Castlefield Road, Reigate, RH2 0SH

**Email:** [licensing@reigate-banstead.gov.uk](mailto:licensing@reigate-banstead.gov.uk)

**Telephone** 01737 276672

<b>Official use only</b>	Reference No:				Checked:	
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**Applicant's name:** ..... **DoB:** .....