

# 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](http://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"/>



**2** Nervous System

YES NO

1. Has the patient had any form of epileptic attack since attaining the age of 5 years?  
If YES, please answer questions a-f below

(a) Has the patient had more than one attack?

(b) Please give date of first and last attack

First attack  Last attack

(c) Is the patient currently on anti-epilepsy medication?  
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.

MRI  Date  CT  Date

(f) Has the patient had an EEG?  
If YES, please provide date and details

2. Is there a history of blackout or impaired consciousness within the last 5 years?  
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?  
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*

If YES, please give date  Has there been a full recovery?

(b) Sudden and disabling dizziness/vertigo within the last one year with a liability to recur

(c) Subarachnoid haemorrhage

(d) Serious head injury within the last 10 years

(e) Brain tumour, either benign or malignant, primary, or secondary

(f) Other brain surgery/abnormality

(g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis

**In relation to section 1 does the applicant meet the DVLA Group II medical standards?**

If not please indicate reasons why

<b>3</b>	<b>Diabetes Mellitus</b>	<b>YES</b>	<b>NO</b>
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- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Does the patient have diabetes mellitus?<br>If NO, please go to Section 4.<br>If YES, please FULLY COMPLETE SECTION 3.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If the diabetes managed by:-   |                          |                          |
|    | (a) Insulin?<br>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?<br>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"/> |
| Note: if using flash GM and RT-CGM, finger prick readings must still be taken  |                          |                          |
| • 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 ( <b>please attach latest report</b> ) | <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.**













(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



## 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