



Medical Assessment associated with a Licence to drive a Hackney Carriage or Private Hire Vehicle

Notes for the Applicant

This medical examination includes a vision assessment that must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both vision and medical assessment section of the report. If your doctor is unable to fully answer all the questions on the vision assessment, you must have it filled in 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.

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.

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

- All new driver applications are subject to a full Group II Medical Assessment completed by a GP at the surgery where the applicant is registered.
- Any driver renewing a licence is subject to a further medical at 45,50,55,65 and then annually if they continue to hold a licence or at any time as required by the Council.
- 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.

General

An applicant/driver with an ongoing medical condition, i.e., diabetes which is controlled by insulin, or has a heart condition, will be required to provide the Council with details of any change in that condition or in their medication.

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 Taxi Licensing Section immediately. In these circumstances a further medical may be required. Licence renewals will not be processed where a Medical Assessment has not been received. Applicants/drivers should ensure that they have allowed plenty of time to book GP appointment(s).



Applicant's details: (to be filled in the presence of the doctor carrying out the examination)

First name(s):	Date of birth:
Surname:	Age:
Current address:	
Contact telephone number:	

Applicant's consent and declaration:

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

I authorise my General Practitioner(s) and Specialist(s) to release medical information about my condition, together with any relevant information relevant to fitness to drive, to the Taxi Licensing Section of Mid Sussex District Council for the purpose of the Council (by its Officers and/or Members) 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.

Signed:	Date:
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General Practitioner

This form must be completed in full by the applicant's own General Practitioner.

Please answer all questions and once completed sign the declaration at the end.

The Council's policy on medical fitness requires that taxi drivers meet Group 2 Entitlement, as set out in the DVLA publication 'A Guide to the current Medical Standards of Fitness to Drive'.

This guide refers to current best practice guidance contained in the booklet 'Fitness to Drive' which recommends the medical standard applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to taxi drivers.

(a) Is the applicant a registered patient of the surgery / medical centre at which

you practice as a registered medical practitioner?

Yes No

(b) Have you reviewed the above applicant's medical records?

Yes No

If reviewing a printout of the medical records, please give date of print out:

***IF THE PATIENT IS NOT REGISTERED AT YOUR SURGERY AND YOU ARE REVIEWING A PRINTED HISTORY OF HIS/HER MEDICAL RECORDS – PLEASE ENCLOSE THE FULL COPY OF THE PRINTED HISTORY YOU HAVE SEEN, WITH THIS DOCUMENT.**

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

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**

1. Does the patient have diabetes mellitus? YES NO
 If **NO**, please go to **Section 4**.
 If **YES**, please **FULLY COMPLETE SECTION 3**.
2. If the diabetes managed by?:-
- (a) Insulin? YES NO
 If **YES**, please give date started on insulin & **CONFIRM THAT THE STANDARDS FOR INSULIN TREATED DRIVERS ARE MET – SEE BELOW**
- (b) Exenatide/Byetta? YES NO
- (c) Oral hypoglycaemic agents and diet? YES NO
 If **YES**, please provide details of medication:
- d) Diet only? YES NO
3. Does the patient test blood glucose at least twice every day? (see note below) YES NO

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

- full awareness of hypoglycaemia YES NO
- no episode of severe hypoglycaemia in the preceding 12 months YES NO
- practices blood glucose testing – at least twice daily, including days when not driving; and YES NO
- no more than 2 hours before the start of the first journey; and YES NO
- every 2 hours after driving has started YES NO
- A maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started YES NO
- must use a blood glucose meter with sufficient memory to store 3 months of readings YES NO
- the applicant's usual doctor who provides diabetes care to undertake an examination at least every 3 years to include review of the previous 3 months glucose readings YES NO
- arranges an examination to be undertaken every 12 months by an independent consultant specialist in diabetes if the examination by their usual doctor is satisfactory (please attach latest report) YES NO
- demonstrates an understanding of the risks of hypoglycaemia YES NO
- has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect YES NO

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 YES NO
- no episode of severe hypoglycaemia in the preceding 12 months YES NO
- 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) YES NO
- demonstrates an understanding of the risks of hypoglycaemia YES NO
- has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect YES NO

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?

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?

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?

If not please indicate reasons why

5 Cardiac * (Please read notes below)

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.

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

* If a patient has established coronary heart disease evidence is required that the applicant reaches the functional requirements in the form of an exercise ECG, or stress myocardial perfusion scan or stress echocardiogram. These tests must 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/assessinfitness-to-drive-a-guide-for-medical-professionals>

Applicants cannot meet the requirements without these tests.

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. Sinoatrial 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?

 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?

(b) Established cardiomyopathy?

(c) A heart or heart/lung transplant?

(d) Has a left ventricular assist device (LVAD) been implanted

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

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?

 If **YES**, does it show:

(a) Pathological Q waves?

(b) Left bundle branch block?

(c) Right bundle branch block?

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

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

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

 (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%?

4. Has a coronary angiogram been undertaken (or planned)?

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

5. Has a 24 hour ECG tape been undertaken (or planned)?

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

6. Has a Myocardial Perfusion Scan or Stress Echo study been undertaken?

 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?

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)
 BP reading:
2. Is today's best diastolic pressure reading 100mm Hg or more? (Please give reading)
 BP reading:
3. Is the patient on anti-hypertensive treatment?

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?

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?
2. (a) Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise
 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?
3. Is the patient profoundly deaf?
 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?
4. Is there a history of either renal or hepatic failure?
5. Is there a history of, or evidence of sleep apnoea syndrome?
 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?

YES NO

If not please indicate reasons why

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

DECLARATION: Please read the following carefully before completing, signing and dating the declaration.

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

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: