



CONFIDENTIAL

MEDICAL REPORT

Medical Report on an applicant for a Hackney Carriage or Private Hire Driver's Licence (new or renewal).

- The first page; the Vision assessment, can be completed by either your **Doctor** or an **Optician**. Please check when making an appointment with your Doctor that they are able to measure the visual acuity to the 6/7.5 line of a Snellen chart and confirm the strength of your glasses from your prescription. If they cannot you will need to make an appointment with your Optician for this part of the form.
- **The Medical assessment (pages 3 – 8) must be completed by a qualified UK registered Medical Practitioner who has access to the applicant's full medical records/a printed summary of the applicant's notes, including current medication.**
- A further medical will be required at the age of 45 and every 5 years until the age of 65. From the age of 65 an annual medical is required.
- If you hold a valid LGV/PCV Driver's Licence issued by the DVLA you will not have to undergo a separate medical examination.

A WHAT YOU HAVE TO DO

- 1 **BEFORE consulting your Doctor please read the notes overleaf at Section C, paragraphs 1, 2 and 3. ('Statement of Medical standards for Hackney Carriages and Private Hire Drivers'). If you cannot meet the appropriate standard your application will be refused.**
- 2 If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor/Optician **BEFORE** you arrange for this medical form to be completed. The Doctor will normally charge you a fee and in the event of your application being refused, this is **NOT** refundable. East Suffolk Council has **NO** responsibility for the fee payable to the Doctor.
- 3 Fill in **Section 12 and Section 13 on page 8 and 9** of this report in the presence of the Doctor carrying out the examination.
- 4 This report must be received at the Council Offices on or before the date your medical is due otherwise the suspension of your licence will be considered.
- 5 **Please remove this covering page before sending in the form and check that all the sections have been completed fully.**

B WHAT THE DOCTOR HAS TO DO

- 1 Please arrange for the patient to be seen and examined.
- 2 Please complete sections 1 - 11 of this report AND the Vision Assessment sheet if you are able to. If you are not able to answer fully the questions in the vision assessment please advise the applicant that he must see an Optician or Optometrist. You may find it helpful to consult the DVLA's publication 'Assessing fitness to drive: a guide for medical professionals'.
- 3 Applicants who may be asymptomatic at the time of the examination should be advised that if in future they develop symptoms of a condition which could affect safe driving and if they hold a Hackney Carriage or Private Hire Vehicle Driver's Licence, they must inform the Council immediately.
- 4 **PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE SECTIONS**

C MEDICAL STANDARDS FOR DRIVERS OF HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLES

Medical standards for drivers of hackney carriage and private hire vehicles are higher than those required for car drivers.

1 EPILEPTIC ATTACK

Applicants must **NOT** "have a liability to epileptic seizures". (This means that 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.) With such a liability the Council must refuse or revoke the licence.

2 DIABETES

Insulin treated diabetics **MAY** obtain a licence **BUT** must satisfy specific criteria.

3 EYESIGHT

Applicants must have:

- * A VISUAL ACUITY OF AT LEAST 6/7.5 IN THE BETTER EYE (using corrective lenses if necessary); AND
- * A VISUAL ACUITY OF AT LEAST 6/60 IN THE OTHER EYE
- * WHERE GLASSES ARE WORN TO MEET THE MINIMUM STANDARDS, THEY SHOULD HAVE A CORRECTIVE POWER NOT GREATER THAN +8 DIOPTRIS
- * COMPLETE LOSS OF VISION IN ONE EYE OR CORRECTED ACUITY OF LESS THAN 3/60 IN ONE EYE MEANS THE APPLICANT IS BARRED FROM OBTAINING A LICENCE

4 OTHER MEDICAL CONDITIONS

Please refer to East Suffolk Council's 'Statement of Medical Standards for Hackney Carriage & Private Hire Drivers'



Medical examination report

Vision assessment

To be filled in by an optician, optometrist or doctor



1. Please confirm (✓) the scale you are using to express the applicant's visual acuities.
Snellen Snellen expressed as a decimal LogMAR

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

(a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L Yes No

(b) Are corrective lenses worn for driving?
If No, go to Q3.

If Yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L

(c) What kind of corrective lenses are worn to meet this standard?
Glasses Contact lenses Both together

(d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes No

(e) If correction is worn for driving, is it well tolerated? Yes No
If No, please give full details in Q7.

3. 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 Yes, please give full details below.

If formal visual field testing is considered necessary, DVLA will commission this at a later date.

4. Is there diplopia? Yes No
(a) Is it controlled?

Please indicate below and give full details in Q7.

Patch or glasses with frosted glass Glasses with/without prism Other (if other please provide details)

5. Does the applicant report symptoms of any of the following that impairs their ability to drive? Yes No

Please indicate below and give full details in Q7 below.

- (a) Intolerance to glare (causing incapacity rather than discomfort) and/or
- (b) Impaired contrast sensitivity and/or
- (c) Impaired twilight vision

6. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? Yes No

If Yes, please give full details in Q7 below.

7. Details or additional information

Name of examining doctor or optician undertaking vision assessment

I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration.

Signature of examining doctor or optician

Date of signature

Please provide your GOC or GMC number

Doctor, optometrist or optician's stamp

Applicant's full name

Date of birth

Please do not detach this page



1 Neurological disorders

Please tick ✓ the appropriate boxes

Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)? Yes No

If No, go to section 2, Diabetes mellitus

If Yes, please answer all questions below and enclose relevant hospital notes.

- 1. Has the applicant had any form of seizure? Yes No
(a) Has the applicant had more than one seizure episode? Yes No
(b) If Yes, please give date of first and last episode. First episode Last episode
(c) Is the applicant currently on anti-epileptic medication? Yes No
(d) If no longer treated, when did treatment end?
(e) Has the applicant had a brain scan? Yes No
(f) Has the applicant had an EEG? Yes No
2. Has the applicant experienced dissociative/'non-epileptic' seizures? Yes No
(a) If Yes, please give date of most recent episode.
(b) If Yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving?
3. Stroke or TIA? Yes No
If Yes, give date.
(a) Has there been a full recovery?
(b) Has a carotid ultrasound been undertaken?
(c) If Yes, was the carotid artery stenosis >50% in either carotid artery?
(d) Is there a history of multiple strokes/TIAs?
4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur?
5. Subarachnoid haemorrhage (non-traumatic)?
6. Significant head injury within the last 10 years?
7. Any form of brain tumour?
8. Other intracranial pathology?
9. Chronic neurological disorder(s)?
10. Parkinson's disease?
11. Blackout, impaired consciousness or loss of awareness within the last 10 years?

2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes No

If No, go to section 3, Cardiac

If Yes, please answer all questions below.

- 1. Is the diabetes managed by: Yes No
(a) Insulin? Yes No
If No, go to 1c
If Yes, please give date started on insulin.
(b) Are there at least 3 continuous months of blood glucose readings stored on a memory meter or meters? Yes No
If No, please give details in section 9, page 7.
(c) Other injectable treatments?
(d) A Sulphonylurea or a Glinide?
(e) Oral hypoglycaemic agents and diet? If Yes to any of (a) to (e), please fill in the medication section 8, page 6.
(f) Diet only?
2. (a) Does the applicant test blood glucose at least twice every day? Yes No
(b) Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)? Yes No
(c) Does the applicant keep fast-acting carbohydrate within easy reach when driving? Yes No
(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? Yes No
3. (a) Has the applicant ever had a hypoglycaemic episode? Yes No
(b) If Yes, is there full awareness of hypoglycaemia? Yes No
4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No
If Yes, please give details and dates below.
5. Is there evidence of: Yes No
(a) Loss of visual field? Yes No
(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? Yes No
If Yes, please give details in section 9, page 7.
6. Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No
If Yes, please give most recent date of treatment.

Applicant's full name

Grid for entering applicant's full name

Date of birth

Grid for entering date of birth

3 Cardiac

a Coronary artery disease

Is there a history or evidence of coronary artery disease? Yes No

If No, go to section 3b, Cardiac arrhythmia

If Yes, please answer all questions below and enclose relevant hospital notes.

1. Has the applicant ever had an episode of angina? Yes No

If Yes, please give the date of the last known attack.

2. Acute coronary syndrome including myocardial infarction? Yes No

If Yes, please give date.

3. Coronary angioplasty (PCI)? Yes No

If Yes, please give date of most recent intervention.

4. Coronary artery bypass graft surgery? Yes No

If Yes, please give date.

5. If Yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below.

b Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia? Yes No

If No, go to section 3c, Peripheral arterial disease

If Yes, please answer all questions below and enclose relevant hospital notes.

1. Has there been a significant disturbance of cardiac rhythm? (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years? Yes No

2. Has the arrhythmia been controlled satisfactorily for at least 3 months? Yes No

3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Yes No

4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No

If Yes:

(a) Please give date of implantation.

(b) Is the applicant free of the symptoms that caused the device to be fitted?

(c) Does the applicant attend a pacemaker clinic regularly?

Applicant's full name

Date of birth

c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? Yes No

If No, go to section 3d, Valvular/congenital heart disease

If Yes, please answer all questions below and enclose relevant hospital notes.

1. Peripheral arterial disease? (excluding Buerger's disease) Yes No

2. Does the applicant have claudication? Yes No

If Yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT?

3. Aortic aneurysm? Yes No

If Yes:

(a) Site of aneurysm: Thoracic
Abdominal

(b) Has it been repaired successfully?

(c) Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes.

. cm

4. Dissection of the aorta repaired successfully? Yes No

If Yes, please provide copies of all reports including those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes No

If Yes, please provide relevant hospital notes.

d Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease? Yes No

If No, go to section 3e, Cardiac other

If Yes, answer all questions below and provide relevant hospital notes.

1. Is there a history of congenital heart disease? Yes No

2. Is there a history of heart valve disease? Yes No

3. Is there a history of aortic stenosis? Yes No

If Yes, please provide relevant reports (including echocardiogram).

4. Is there history of embolic stroke? Yes No

5. Does the applicant currently have significant symptoms? Yes No

6. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No

e Cardiac other

Is there a history or evidence of heart failure? Yes No
If No, go to section 3f, Cardiac channelopathies

If Yes, please answer all questions and enclose relevant hospital notes.

- Please provide the NYHA class, if known.
- Established cardiomyopathy? Yes No
 If Yes, please give details in section 9, page 7.
- Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted? Yes No
- A heart or heart/lung transplant? Yes No
- Untreated atrial myxoma? Yes No

f Cardiac channelopathies

Is there a history or evidence of the following conditions? Yes No

If No, go to section 3g, Blood pressure

- Brugada syndrome? Yes No
- Long QT syndrome? Yes No
 If Yes to either, please give details in section 9, page 7 and enclose relevant hospital notes.

g Blood pressure

All questions must be answered.

If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

- Please record today's best resting blood pressure reading. /
- Is the applicant on anti-hypertensive treatment? Yes No
 If Yes, please provide three previous readings with dates if available.

- Is there a history of malignant hypertension? Yes No
 If Yes, please give details in section 9, page 7 (including date of diagnosis and any treatment etc).

h Cardiac investigations

Have any cardiac investigations been undertaken or planned? Yes No

If No, go to section 4, Psychiatric illness

If Yes, please answer questions 1 to 7.

- Has a resting ECG been undertaken? Yes No
 If Yes, does it show:
 (a) pathological Q waves?
 (b) left bundle branch block?
 (c) right bundle branch block?
 If Yes to (a), (b) or (c), please provide a copy of the relevant ECG report or comment in section 9, page 7.

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Applicant's full name

Date of birth

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Note: If Yes to questions 2 to 6, please give dates in the boxes provided, give details in section 9, page 7 and provide relevant reports.

- Has an exercise ECG been undertaken (or planned)? Yes No
- Has an echocardiogram been undertaken (or planned)? Yes No

 (a) If undertaken, is or was the left ejection fraction greater than or equal to 40%?
- Has a coronary angiogram been undertaken (or planned)? Yes No
- Has a 24 hour ECG tape been undertaken (or planned)? Yes No
- Has a loop recorder been implanted (or planned)? Yes No
- Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)? Yes No

4 Psychiatric illness

Is there a history or evidence of psychiatric illness within the last 3 years? Yes No

If No, go to section 5, Substance misuse

If Yes, please answer all questions below.

- Significant psychiatric disorder within the past 6 months? If Yes, please confirm condition. Yes No
- Psychosis or hypomania/mania within the past 12 months, including psychotic depression? Yes No
- (a) Dementia or cognitive impairment? Yes No

 (b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses?

5 Substance misuse

Is there a history of drug/alcohol misuse or dependence? Yes No

If No, go to section 6, Sleep disorders

If Yes, please answer all questions below.

- Is there a history of alcohol dependence in the past 6 years? Yes No

 (a) Is it controlled?
 (b) Has the applicant undergone an alcohol detoxification programme?
 If Yes, give date started:
- Persistent alcohol misuse in the past 3 years? Yes No

 (a) Is it controlled?
- Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years? Yes No

 (a) If Yes, the type of substance misused?
 (b) Is it controlled?
 (c) Has the applicant undertaken an opiate treatment programme?
 If Yes, give date started:

6 Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness? Yes No

If No, go to section 7, Other medical conditions.

If Yes, please give diagnosis and answer all questions below.

- a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity:

Mild (AHI <15)

Moderate (AHI 15 - 29)

Severe (AHI >29)

Not known

If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 7, Further details.

- b) Please answer questions (i) to (vi) for all sleep conditions.

(i) Date of diagnosis: Yes No

(ii) Is it controlled successfully?

(iii) If Yes, please state treatment.

(iv) Is applicant compliant with treatment? Yes No

(v) Please state period of control:

years months

(vi) Date of last review.

7 Other medical conditions

1. Is there a history or evidence of narcolepsy? Yes No

2. Is there currently any functional impairment that is likely to affect control of the vehicle? Yes No

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes No

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes No

5. Is the applicant profoundly deaf? Yes No

If Yes, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone? Yes No

6. Does the applicant have a history of liver disease of any origin? Yes No

If Yes, is this the result of alcohol misuse?

If Yes, please give details in section 9, page 7.

7. Is there a history of renal failure? Yes No

If Yes, please give details in section 9, page 7.

8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes No

9. Does any medication currently taken cause the applicant side effects that could affect safe driving? Yes No

If Yes, please fill in section 8, Medication and give symptoms in section 9, page 7.

10. Does the applicant have any other medical condition that could affect safe driving? Yes No

If Yes, please provide details in section 9, page 7.

8 Medication

Please provide details of all current medication including eye drops (continue on a separate sheet if necessary).

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Medication	Dosage
Reason for taking:	
Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Applicant's full name

Date of birth

11 ABOUT THE APPLICANT

YES NO

- 1 Is the applicant registered with the practice named in Section 11?
- 2 If **NO**, at the time of the examination was a printed summary of the applicant's notes, including current medication and details of past significant medical conditions, made available?
- 3 Has the applicant completed Section 12 of this report in your presence?
- 4 Does the applicant satisfy DVLA Group 2 Medical Standards of fitness to drive, as outlined in the DVLA's publication 'Assessing fitness to drive: a guide for medical professionals'?
(If no, please give reasons.)

The decision to award a Private Hire and/or a Hackney Carriage Drivers licence will be made by East Suffolk Council. The advice and opinion of the Medical Practitioner responsible for completing this medical declaration is important in informing this decision.

- 5 Do you consider that any further examination or investigation is required regarding the applicant's medical fitness to meet the DVLA Group 2 Medical Standards of fitness to drive?
(If yes, please give details.)

Signature
of Medical
Practitioner

Date

12 APPLICANT'S DETAILS

**to be completed by the applicant in the presence of the
Medical Practitioner carrying out the examination**

Your name
Your address

Date of Birth

Home telephone No

Work/Daytime No

About your GP/Group Practice

GP/Group Name
Address
Telephone No

About your Consultant/Specialist current or previous
(if applicable)

Consultant's Name
Address
Telephone No

13 APPLICANT'S CONSENT AND DECLARATION

Consent and Declaration to be completed by the applicant

This section **MUST** be completed and must **NOT** be altered in any way.

Please sign statements below.

I authorise my Doctor(s) and Specialist(s) to release reports to East Suffolk Council's Medical Advisor 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

I authorise East Suffolk Council's Medical Advisor to release medical information to my Doctors and/or Specialists about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive.)

Signature

Date

NOTE ABOUT CONSENT

You will see that we have asked for your consent, for the release of medical reports from your doctors and our Medical Advisor because we may wish you to be examined and the doctors need to know the medical details, or because we require further information. Only occasionally do we need to do this and it may well not apply in your case. We never under any circumstances release information which is not relevant to fitness to drive, nor would we expect to receive this from your doctors.

We hope you will find this helpful and reassuring and will return the signed consent so that we might proceed with our investigations.