

## **Medical Examination**

Application for a Hackney Carriage/Private Hire Drivers licence
This must be completed by your Doctor, taking into account the criteria for Group 2 vocational drivers as set out in "Medical Aspects of Fitness to Drive" and the latest edition of the DVLA publication "At a Glance Guide for Current Medical Standards of Fitness to Drive" (see note B1 of leaflet INF4D and section 7 of this report).

## Please answer all questions and use black ink throughout

	ase give the applicant's weight (kg/st) ase give details of smoking habits, if any	height (cms/ft)					
	ase give the number of alcohol units taken each week						
Is the urine sample taken, positive for Glucose				Ye	s		
					_		
	Details of specialist(s) / co	onsulta	nts		_		
	1 2			,	3		
	Speciality						
	Date last seen		L				
	Current medication	on					
Date	e when first licensed to drive a lorry	a	nd /or bus/taxi		—		
Date	e when his incensed to drive a long	а	ila /Ol Dus/taxi				
Sec	tion 1 - Vision (please see eyesight notes on page 8 and	9 of lea	aflet INF4D)				
			Please tic	k √ the	apr	ropriate	e boxes
				Yes		No	
1.	Is the visual acuity at least 6/9 in the better eye or at leas						
	(corrective lenses may be worn) as measured by the Snel	llen cha	irt?		╀┤		
2.	Do corrective lenses have to be worn to achieve this stand	dard?			$\dagger \dagger$		
					Ш		
					$\square$		
	If <b>Yes</b> , is the (a) uncorrected acuity at least 3/60 in the right eye?	•					
	(a) uncorrected actify at least 5/00 in the light eye:				+		
	(b) uncorrected acuity at least 3/60 in the left eye?				$\Box$		
	(3/60 being the ability to read the 6/60 line of the Snellen chart at 3 metres)	e full siz	e 6 metre		$\square$		
	I SHEHEH CHAIL ALS HIELES)			1	1 1		ı

correction well tolerated

3.	Please state all visual acuities of each eye in terms of the 6 metre Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent										
	Uncorrect	ed					Correcte	<b>d</b> (	if applic	cab	le)
	Right		Left			Right		Le			,
							<u> </u>		Yes		No
4.	Is there a defe	ct in his/h	er binocula	ar field of v	vision						
5.	Is there diplop										
6.	Does the applicant have any other conditions?  If <b>Yes</b> to 4, 5 or 6, please give details in <b>Section 7</b> and enclose any relevant visual field charts or hospital letters						ļ				
	enciose any re	nevant vis	uai ileid cr	iants or no	spitai iette	rs					1
Sect	ion 2 – Nervou	s System	ı							_	
									Yes		No
1	Has the applic	ant had aı	ny form of	epileptic a	ttack?					$\coprod$	
	If Yes, please	give date	of last atta	ck							
	If treated, please give date when treatment ceased										
2.	Is there a histo years?					s within the	e last 5				
	If <b>Yes</b> , please	give dates	s and detai	ls in <b>Secti</b>	on 7						
3.	Does the appli	icant suffe	r from nar	colepsy/ca	itaplexy?						
	If <b>Yes</b> , please	give dates	s and detai	ls in <b>Secti</b>	on 7						
4.	Is there a history of, or evidence of any of the conditions listed in (a) – (h) below?										
	If No, go to Se	ection 3lf	<b>Yes</b> , pleas	e give date	es and det	tails in <b>Sec</b>	tion 7				
(a)	Stroke/TIA ple			<u> </u>						Ш	
(b)	Sudden and di recur	isabling di	zziness/ve	rtigo withii	n the last y	ear with a	liability to				
(c)	Subarachnoid	haemorrh	age								
(d)	Serious head i	injury with	the last 10	) years							
(e)	Brain tumour,	either ben	ign or mali	gnant, prir	mary or se	condary					
(f)	Other brain su	rgery									
(g)	Chronic neuro	logical dis	orders e.g	. Parkinso	n's diseas	e, Multiple	Sclerosis				
(h)	Dementia or co	ognitive in	npairment								

Sect	ion 3 – Diabetes Mellitus		
		Yes	No
1.	Does the applicant have diabetes mellitus		
	If No, go to Section 4, If Yes, please answer the following questions		
2	Is the diabetes managed by:-		
(a)	Insulin?		
	If Yes, please give date started on insulin	1	
(b)	Oral hypoglycaemic agents and diet?		
(c)	Diet only?		
3.	Does the applicant test blood glucose at least twice every day?		
4.	Is there evidence of:-		
(a)	Loss of visual field?		
(b)	Severe peripheral neuropathy, sufficient to impair limb function for safe driving?		
(c)	Diminished/absent awareness of hypoglycaemia		
5.	Has there been laser treatment for retinopathy?		
	If Yes, please give date(s) of treatment		
6.	Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?		
7.	If <b>Yes</b> to any of 4-6 above, please give details in <b>Section 7</b>		
Sect	ion 4 – Psychiatric illness		
	Is there a history, or evidence, of any of the conditions listed at 1-6 below?		
	If <b>No</b> go to <b>Section 5</b> , If <b>Yes</b> please tick the relevant box(es) below and give dates, prognosis, period of stability and details of medication, dosage and any side effects in <b>Section 7</b> , <b>NB</b> If applicant remains under specialist clinic(s), ensure details are entered in <b>Page 1</b>		
1.	Significant psychiatric disorder within the past 6 months, e.g. depression		
2.	A psychotic illness within the past 3 years, e.g. schizophrenia		
3.	Persistent alcohol misuse in the past 12 months		
4.	Alcohol dependency in the past 3 years		
5.	Persistent drug misuse in the past 12 months		
6.	Drug dependency in the past 3 years		

Sect	ion 5 – Cardiac			
	se follow the instructions in all <b>Sections 5A-5G</b> giving details as required at <b>Sect</b> cant remain under specialist cardiac clinic(s) ensure details are completed in <b>Pag</b>		NB.	If
	ion 5A – Coronary Artery Disease			
		Yes		No
	Is there a history, or evidence, of coronary artery disease			
	If No go to Section 5B			
	If <b>Yes</b> please answer all questions below and give details in <b>Section 7</b>			
1.	Myocardial infarction?			
	If <b>Yes</b> please give date(s)			
2.	Coronary artery by-pass graft?			
	If <b>Yes</b> please give date(s)			
3.	Coronary Angioplasty (with or without stent)?			
	If <b>Yes</b> please give date(s)			
4.	Has the applicant suffered from Angina?			
	If <b>Yes</b> , please give the date of the last attack			
Sect	ion 5B – Cardiac Arrhythmia			
	Is there a history, or evidence, of cardiac arrhythmia			
	If No go to Section 5C			
	If Yes please answer all questions below and give details in Section 7			
1.	Has the applicant had a significant documented disturbance in cardiac rhythm within the past 5 years?			
2	Has the arrhythmia been controlled satisfactorily for at least 3 months?			
3.	Has a cardiac defibrillator device been implanted?			
4.	Has a pacemaker been implemented			
	If Yes ;-			
(a)	Has the pacemaker been implanted for at least 6 weeks			
(b)	Since implantation, is the patient now symptom free from this condition?			
(c)	Does the applicant attend a pacemaker clinic regularly?		Ī	

Sect	ion 5C - Peripheral Arterial Disease		
		Yes	No
	Is there a history, or evidence, of <b>ANY</b> of the following: If <b>Yes</b> , please <b>tick</b> √ all relevant boxes below, and give details in <b>Section 7</b>		
1.	Peripheral Arterial Disease?		
2.	Aortic Aneurysm? If Yes:		
(a)	Site of Aneurysm		
	Thoracic		
	Abdominal		
(b)	Has it been repaired successfully		
(c)	Is the transverse diameter more than 5 cms?		
3.	Dissection of the Aorta? If Yes:		
(a)	Has it been repaired successfully?		
Sect	ion 5D – Valvular / Congenital Heart		
	Is there a history, evidence, or valvular / congenital heart disease?		
	If No go to Section 5E		
	If Yes please answer all questions below and give details in Section 7		
1.	Is there a history of congenital heart disorder		
2.	Is there a history of heart valve disease?		
3.	Is there a history of embolism (not pulmonary embolism)		
4.	Does the applicant currently have significant symptoms		
5.	Has there been any progression since the last licence application (if relevant)		
Sect	ion 5E – Cardiomyopathy		
	Does the applicant have a history of any of the follow conditions:		
(a)	A history, or evidence, of heart failure		
(b)	Established cardiomyopathy		
(c)	A heart or heart/lung transplant?		
	If Yes to any part of the above, please give full details in Section 7		

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	This section must be completed for all applicants		
		Yes	No
1.	Has a resting ECG been taken		
	If Yes, does it show		
(a)	Pathological Q waves?		
(b)	Left bundle branch block?		
2.	Has an exercise ECG been undertaken (or planned)?		
	If <b>Yes</b> , give date and give details in <b>Section 7</b> Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful		
3.	Has an echocardiogram been undertaken (or planned)?		
	If <b>Yes</b> , give date and give details in <b>Section 7</b> Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful		
4.	Has a coronary angiogram been undertaken (or planned)?		
	If <b>Yes</b> , give date and give details in <b>Section 7</b> Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful		
5.	Has a 24 hour ECG tape been undertaken (or planned)?		
	If <b>Yes</b> , give date and give details in <b>Section 7</b> Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful		
6.	Has a myocardial perfusion imaging scan been undertaken (or planned)?		
7.	If <b>Yes</b> , give date and give details in <b>Section 7</b>		

Sec	Section 5G – Blood Pressure					
	This section must be completed for all applicants					
		Yes	No			
1.	Is today's systolic pressure greater than 180?					
2.	Is today's diastolic pressure greater than 100?					
3.	Is the applicant on anti-hypertensive treatment/					
4.	If Yes to any of the above, please supply today's reading					

Sect	ion 6 – General						
Plea	Please answer all questions in this section. If your answer is Yes, please give full details in Section 7						
		Yes		No			
1.	Is there currently a disability of the spine or limbs, likely to impair control of the vehicle						
2.	Is there a history of bronchogenic carcinoma or other malignant tumour, for e.g.Malignant melanoma, with significant liability to metastasise cerebrally?						
	If <b>Yes</b> , please give dates and diagnosis and state whether there is current evide of dissemination	ence					
3.	Is the applicant profoundly deaf?						
	If Yes, is he/she able to communicate in the event of an emergency by speech or by sing a device, e.g. a minicom/textphone						
4.	Is there a history of either renal or hepatic failure?						
5.	Does the applicant have apnoea syndrome?						
	If Yes, has it been controlled successfully?						
6.	Is there any other medical conditions causing excessive daytime sleepiness?						
	If Yes, please give full details below						
7.	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?						
8.	Does any medication currently taken cause the applicant side effects which impair his/her safe driving?						

	Section 7 – Please forward copies of all relevant hospital notes if available					
-						
Section 8 -	Applicant's Conse	ent and Declaration	comp	section must be leted and must not ered in any way		
	Applicant's Conse	ent and Declaration  Please read the following and date the statement be	comp be alt important informat	leted and must not ered in any way		
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Section 9 – Applicant's details						
To be competed in the p	resence of the Medical Pra	actition	er carrying c	out the examination	n	
Please make sure that you this form with your applic	ou have printed your name	e and o	date of birth o	on each page befo	ore sending	
Name			Date of Birt	:h		
Address			Home phon	ne number		
			Daytime ph	one number		
Postcode						
Email Address						
Section 10 – Medical P	ractitioner Details					
To be completed by the	Medical Practitioner carryii	ng out	the examina	tion		
Name		Surg	ery Stamp			
Address						
Postcode						
Email Address						
I have considered that vocational driver's lic Practitioners – at a Glac Commission on Accider delete whichever is inapple.	patient's medical records at the applicant MEETS/ ence as set out in the be Guide for Current Medical at Prevention's publication	latest cal Sta	editions of andards of Fi	DVLA publicatio itness to Drive" a	n "for Medical nd the Medical	
Signature of Medical Practitioner		Date				

## Additional notes for the doctor where the applicant is diagnosed as diabetic

Where the applicant requests a special exemption from the Group 2 Medical Standard then the authority will require from you and a hospital consultant, confirmation of the applicant's current state of health and his/her ability to drive Hackney Carriage/ Private Hire vehicles.

1.	Any previous history of Hypoglycaemic related injury or accident, or has the applicant had any episodes of disabling hypoglycaemia requiring help from another person during the last 12 months (except if this occurs during sleep)?
2.	Has the applicant had an episode of hypoglycaemia whilst driving in the last 12 months?
3.	Are there always warning symptoms when the applicant's blood glucose starts to fall (except if this occurs during sleep)?
4.	Is there any evidence of a history of unawareness of hypoglycaemia?
5.	Has the applicant received blood glucose awareness training?
6.	Has the applicant informed the DVLA of the diabetic condition?
7.	Has the applicant informed the insurance company of the diabetic condition?
	assessing the applicant's fitness to drive you must take into account the responses to the ove questions, in addition to those contained in the standard medical.
Sig	gnature Medical Practitioner: Date