

**Local Government (Miscellaneous Provisions) Act 1976
Hackney Carriage and/or Private Hire Vehicle Driver's Licence Application**

Medical Assessment Questionnaire

Part 1. Details of the Applicant – to be completed by the applicant in the presence of the Doctor undertaking the assessment		
Full Name of Applicant:		
Applicant's Date of Birth:		
Applicant's Address:		
Applicant's Telephone No:		
Applicant's Signature:		
Part 2. Medical Assessment Questionnaire - to be completed by the Doctor		
	Questions	Answers
1.	Is the Applicant's urine analysis positive for Glucose?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Is today's best reading of systolic blood pressure 180 mmHg or greater?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Is today's best reading of diastolic blood pressure 100 mmHg or greater?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	Is the Applicant receiving any antihypertensive treatment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	Please provide today's best reading of systolic/diastolic blood pressure :	
6.	What is the Applicant's visual acuity as measured by 6m Snellen's chart?	Right Left
7.	Do corrective lenses have to be worn to achieve these standards?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	Is the visual acuity of the Applicant, with lenses if worn, at least 6/12?	YES <input type="checkbox"/> NO <input type="checkbox"/>

9.	Does the Applicant meet DVLA group 1 medical standards for visual disorders?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10a.	Is there a defect in the Applicant's binocular field of vision (central or peripheral)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10b.	If answer to 10a is yes, do you consider that the Applicant's vision is likely to affect safe driving?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11a.	Has the applicant ever had any form of epileptic attack?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11b.	If the answer to question 11a is Yes, please give date of the last seizure:	
12a.	Does the Applicant have a history of blackout or impaired consciousness in the last 5 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12b.	If the answer to question 12a is Yes, please provide further details:	
13a.	Does the applicant have diabetes mellitus?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13b.	If the answer to question 13a is Yes please answer, is it controlled by:- <ul style="list-style-type: none"> • Insulin • Oral medication • Diet? 	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
14.	Is there a history of hypoglycaemia during waking hours, in the last 12 months, requiring assistance from a third party?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15.	Is there any evidence of diabetic complications?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16.	Is the Applicant, to the best of your judgement, subject to any mental ailment likely to interfere with the efficient and safe discharge of his/her duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17.	Does the Applicant suffer from any heart or lung condition likely to interfere with the efficient and safe discharge of his/her duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18.	Does the Applicant have any deformity, loss of members or physical disability (particularly of arms, legs, hands and joints) likely to interfere with the efficient and safe discharge of his/her duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19.	Does the Applicant have a profound defect of hearing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20.	Does the Applicant show any evidence of persistent alcohol abuse, alcohol dependency, drug abuse or drug dependency?	YES <input type="checkbox"/> NO <input type="checkbox"/>

21.	Does any medication currently taken cause the Applicant any side effects that could affect safe driving?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22.	Does the Applicant have any other medical condition that is likely to interfere with the efficient and safe discharge of his duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
23.	Please provide details of any of the conditions identified in response to the questions above.	

Part 3. Medical Practitioner's declaration and details

I certify that I am: (please tick appropriate box)

- the applicant's General Practitioner with access to his/her medical records; or
 a registered medical practitioner and have acquired relevant medical information prior to carrying out this assessment.

GP's 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.

(Please refer to the most up to date version of DVLA 's guidance for medical practitioners: At a glance Guide to current Medical Standards of Fitness to Drive which is available at <http://www.dft.gov.uk/dvla/medical/ataglance.aspx> before issuing the certificate. Sunderland City Council currently requires Group 1 standards in relation to the driving of Hackney Carriages and Private Hire Vehicles).

I certify that I have reviewed the applicant's:- (Please tick as appropriate)

medical records

electronic 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 and, in my opinion, the Applicant is:

FIT to drive a Hackney Carriage/ Private Hire Vehicle

UNFIT to drive a Hackney Carriage/ Private Hire Vehicle

Medical Practitioner's Name:

Signed:

Date of Examination:

Surgery Stamp or GMC NO:

Part 4. Applicant's Declaration

I declare that the information contained within this questionnaire is true to the best of my knowledge and belief.

Signature of the Applicant:

Dated: