



Licensing Service
 Environment and Technical Department
 Transport Depot
 Abbey Road,
 Wrexham Industrial Estate LL13 9PW
 Tel: 01978 729600

**GROUP 2 MEDICAL EXAMINATION CERTIFICATE
 HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE DRIVER (Version 13)**

1. To the applicant

This medical report cannot be issued free of charge as part of the National Health Service. **The applicant must pay the medical practitioner's fee, unless other arrangements have been made. The licensing authority accepts no liability to pay it.** This Medical Examination Certificate will be retained by the Licensing Authority throughout the application process and throughout the period of any subsequent licence/s granted.

2. To the medical practitioner

- a) When completing this medical report please have regard to the booklet "At a Glance Guide to the Current Medical Standards of Fitness to Drive" issued by the Drivers Medical Unit, DVLA, Swansea for doctors conducting these examinations. The Licensing Authority considers a HC/PH driver to be Group II classification.
- b) **The Examining Physician must, at the time of examination, be in possession of the applicant's complete medical history. Examinations completed without this information will not be acceptable. Please see declaration on Page 4.**
- c) **Please answer all questions, ticking the answers that apply.** Use the right hand margin if you want to add anything, or write "see note attached" and use a separate piece of paper.
- d) Please make sure you complete the declaration at the end of this form. The form should then be given to the applicant to take to the Licensing Office, Environment and Technical Department Transport Depot, Abbey Road, Wrexham Industrial Estate LL13 9PW.

Part A. To be completed by the applicant.

1. **Full name (BLOCK CAPITALS)**

2. **Address**

Postcode

3. **Date of birth**

Day

Month

Year

4. **Name and address of your present general practitioner**

Name

Address

Postcode

Telephone

5. **I hereby consent to the Medical Adviser to the Licensing Authority and/or the Licensing Assistant/Manager receiving reports from my general practitioner or other doctors about my medical condition.**

Applicant's signature

Please sign in the presence of the medical practitioner who signs the report (Part B).

(Page 1 of 4)

Part B Medical Report (Version 13)**1. Cardiovascular** **YES** **NO** **NOTES**

- a) Has the applicant suffered from or been treated for angina pectoris, myocardial infarction or undergone coronary artery surgery (inc. angioplasty) during the last six weeks?
- b) Has the applicant ever suffered from heart failure?

Drivers who have EVER had any of the conditions at a) or b) must have satisfied the exercise testing requirements of the DVLA before licence can be approved

- c) Is the resting BP consistently 180mmHg systolic or more or 100mmHG diastolic or more despite treatment?
- d) Has a pacemaker been fitted within the last 3 months?
- e) Is there an untreated aortic aneurysm?
- f) Is there an arrhythmia which has caused or is likely to cause incapacity?
- g) Has a cardio-defibrillator device (other than a patient activated atrial defibrillator) been implanted?
- h) Is there a history of cardiomyopathy or heart and/or lung transplant?
- i) Is there a history of heart valve disease which has caused symptoms or embolism (If yes, give details)
- j) Is there a complex congenital heart disorder?

2. Diabetes Mellitus(Questions A&B must be answered)

- a) Is the applicant a diabetic treated by insulin or tablets which carry a risk of inducing hypoglycaemia?(i.e. Sulphonylureas, Glinides etc)
- b) Is the applicant using Continuous Glucose Monitoring Systems (CGMS)?

If Yes to any of the above does the applicant meet the DVLA's current Qualifying Conditions? (If you need a copy of these conditions please contact Licensing Offices WCBC)

3. Nervous system

- a) Has the applicant had an epileptic attack in the last 10 years?
- b) Has the applicant taken any anti-epileptic medication in the last 10 years?
- c) Has the applicant suffered a loss of consciousness for which investigations have not revealed a cause in the last 5 years?

Note – If Yes answers to any questions please clarify medical conditions

Doctor's signature

Date

(Version 13)

	YES	NO	NOTES
d) Is there a history of narcolepsy, catalepsy or sleep disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Is there any progressive or disabling disorder of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Has there been any liability to sudden attacks of disabling giddiness or fainting in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Has the applicant suffered from a stroke or Transient Ischaemic Attack during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Does the applicant have any permanent disability or continuing significant risk factors following a previous stroke or TIA?	<input type="checkbox"/>	<input type="checkbox"/>	
i) Has the applicant ever had or been treated for an intracranial tumour (other than pituitary) If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
j) Is there a history of serious head injury?	<input type="checkbox"/>	<input type="checkbox"/>	
k) Is there a history of intracranial haematoma or haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	
l) Has the applicant had an intracerebral abscess or subdural empyema in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Psychiatric illness			
a) Has the applicant suffered from an acute psychotic episode of any type or cause during the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is there a significant likelihood of recurrence of any previous psychotic illness?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Has the applicant suffered from severe anxiety state or depressive illness in the last six months? (If applicant maintained on medication but has been well tick "no").	<input type="checkbox"/>	<input type="checkbox"/>	
d) Is there any evidence of an organic brain disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Is there severe learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Is there a persistent behaviour disorder which may affect behaviour while driving?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Is there a history of the misuse or abuse of drugs or alcohol during the last 3 years? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	

Note – If Yes answers to any questions please clarify medical conditions

Doctor's signature

Date

5. Vision (2013 Revision)

Please answer all questions. If you do not have the equipment to carry out these checks or if you answer "yes" to any question, then you should refer the applicant to an ophthalmic specialist or optician for an accurate assessment.

	YES	NO	NOTES
a) Is the visual acuity (with spectacles or contact lenses if necessary – lenses must not be of a corrective power greater than plus 8 (+8) dioptries.) :			
poorer than 6/60 in the worse eye?	<input type="checkbox"/>	<input type="checkbox"/>	
poorer than 6/7.5 in the better eye?:	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is the applicant's vision less than the prescribed standard for reading a number plate?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Does the applicant have monocular vision?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Is there insuperable diplopia or a pathological field defect?	<input type="checkbox"/>	<input type="checkbox"/>	

6. Other conditions

	YES	NO	NOTES
a) Has the applicant any significant disability?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is the applicant on any medication which may impair his/her ability to drive safely?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Does the applicant suffer from any disease or disability not mentioned above which is likely to interfere with the safe 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? If yes, please give details	<input type="checkbox"/>	<input type="checkbox"/>	

Note – If Yes answers to any questions please clarify medical conditions

Declaration by examining physician

I certify that, at the time of examination, I had possession of the applicant's complete medical history.

Signed _____ Name _____

Being a registered medical practitioner who has examined the applicant and with due regard to the advice and guidance appertaining to Group II drivers issued by the DVLA, **I consider the applicant:-***

satisfies the medical requirements to hold a
to hold a hackney carriage/private hire driver's licence

does not satisfy the medical requirements to
hold a hackney carriage/private hire driver's licence

* Please tick relevant box

Signed _____

Date _____

Name _____
(BLOCK CAPITALS)

Surgery Stamp

Certificates which are not signed and stamped
will not be accepted.

A Group 2 medical remains valid to the age of 45 at which time a further Group 2 Medical will be required and every 5 years thereafter until the age of 65. From the age of 65 a Group 2 Medical examination will be required annually. Note Insulin Diabetics will require an Annual Medical.