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MEDICAL IN CONFIDENCE

Medical Report

Licence No.	
Updated by	
Date	

Medical report on an application for, or a holder of, a hackney carriage and/or private hire vehicle driver's licence.

Note to applicants: This report need not be submitted at the time you apply for a licence but must be received by Three Rivers District Council before a licence can be issued.

Note to licence holders: Failure to submit a medical report to Three Rivers District Council by the date stated in the letter of notification will result in your hackney carriage and/or private hire vehicle driver's licence being suspended.

Part A What you have to do

The medical examination should be carried out by the GP with whom you are registered, or at the shared practice, where the examiner has access to your patient records. If, in addition to the medical examination, the Carriage Officer needs to refer your case to the Occupational Health service for further reports or medical tests, you will be expected to pay these costs.

1. Fill in Section 9 on page 11 of this report in the presence of the Doctor carrying out the examination.
2. If you have any doubts about your ability to meet the medical standards, consult your Doctor **BEFORE** you arrange for this medical form to be completed. The Doctor may charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is **NOT** refundable. Three Rivers District Council has **NO** responsibility for the fee payable to the Doctor.
3. The notes below ("**Medical standards for a combined hackney carriage and private hire vehicle driver's licence entitlement**") may help you.
4. This report, together with your application, must be received by Three Rivers District Council within 4 months of the Doctor signing the report.

Part B What the Medical Practitioner has to do

This medical assessment should be carried out by a medical practitioner having had sight of the applicants medical records.

1. Please complete **Sections 1-8** of the report, having regard to the Group II medical standard, as amended in relation to diabetes (see note 2 at Part C), the DVLA's 'At a glance' and the Medical Commission on Accident Prevention booklet 'Medical Aspects of Fitness to Drive'.
2. If the applicant/driver meets the medical standard but requires medical assessment more often than the routine frequency, please indicate the date by which the next medical should be carried out at **Section 8**.
3. Applicants/drivers who may be asymptomatic at the time of the assessment should be advised that, if in future they develop symptoms of a condition that could affect their ability to carry out the role of a licensed driver safely and fully, they must inform the Licensing Officer at Three Rivers District Council immediately.

Part C Medical standards required for a hackney carriage and/or private hire vehicle driver's licence entitlement

As occupational drivers entrusted with the safety of the travelling public, the medical standards for hackney carriage and private hire vehicle drivers are higher than those required for car drivers.

The following medical conditions are a bar to holding a hackney carriage and/or private hire vehicle driver's licence:

1. **Epilepsy attacks**
Applicants must **not** "have a liability to epileptic seizures". With such a liability Three Rivers District Council must refuse or revoke the licence.
2. **Diabetes**
Insulin treated diabetics may **not** normally obtain a licence. However, exceptional arrangements do exist for drivers with insulin treated diabetes, who can meet a series of medical criteria, to obtain a licence to drive category C1 vehicles (3500-7500 kgs lorries).

Three Rivers District Council has adopted the best practice guidance to apply the C1 standard to taxi and private hire vehicle drivers with insulin treated diabetes.
3. **Eyesight**
All drivers, for whatever category of vehicle, must be able to read in good daylight a number plate at 20.5 metres (67 feet) and, if glasses or contact lenses are required to do so, these must be worn
 - i. Applicants who have not held a hackney carriage and/or private hire vehicle driver's licence before must by law have both
 - a visual acuity of at least 6/7.5 in the better eye; and
 - a visual acuity of at least 6/60 in the other eye

and

- if these are achieved by correction, the uncorrected visual acuity in both eyes must be no less than 3/60. A driver who has an uncorrected acuity of less than 3/60 in only one eye **may** be able to meet the required standard but the Council will have regard to advice from the Council's medical advisor.
- ii. An applicant or licence holder who has held a hackney carriage and/or private hire vehicle driver's licence before 1st March 1992 but who does not meet the standard in (i) above **may** still qualify for a licence but the application would be referred to the Council's medical advisor.

An applicant or licence holder failing to meet the epilepsy, diabetes or eyesight regulations must be refused.

4. **In addition to those medical conditions covered by law, applicants or licence holders are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:**
- within 3 months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
 - a significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
 - suffering from or receiving medication for angina or heart failure
 - hypertension where the BP is persistently 180 systolic or over or 100 diastolic or over
 - a stroke, TIA or unexplained loss of consciousness within the past 5 years
 - Meniere's and other conditions causing disabling vertigo, within the past 1 year
 - recent severe head injury with serious continuing after effects, or major brain surgery
 - Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination
 - being treated for or suffering a psychotic or schizophrenic illness in the past 3 years, or suffering from dementia
 - alcohol dependency or misuse, or illicit drug or substance dependency or use in the past 3 years
 - insuperable diplopia, or defect in the binocular field of vision
 - any other serious medical condition that may cause problems for road safety and hackney carriage or private hire vehicle driving.

Medical Examination

to be completed by the
Medical Practitioner

Name _____
Date of Birth _____

Please answer all questions

Section 1

Vision (please see Eyesight notes 3i to 3ii on pages 2 & 3)

Yes No

a. Is the visual acuity as measured by the **Snellen Chart at least 6/7.5** in the better eye and **at least 6/60** in the other? (Corrective lenses may be worn).

b. If corrective lenses have to be worn to achieve this standard,

i. is the **uncorrected** acuity **at least 3/60** in the **right** eye?

ii. is the **uncorrected** acuity **at least 3/60** in the **left** eye?
(3/60 being the ability to read the 60 line of the Snellen chart at 3 metres)

c. Please state all the visual acuities for all applicants:

	uncorrected		corrected (if applicable)				
Right	<input type="text"/>	Left	<input type="text"/>	Right	<input type="text"/>	Left	<input type="text"/>

d. If there is **no** perception of light in one eye, on what date did the applicant become monocular or lose the sight of one eye?

Yes No

e. Is there a full binocular field of vision? (central and/or peripheral)

f. Is there uncontrolled diplopia?

Section 2

Nervous system

Yes No

a. Has the applicant had major or minor epileptic seizure(s)?

i. If **yes**, please give date of last seizure

ii. Please give date when treatment ceased

b. Is there a history of blackout or impaired consciousness within the past five years?

Nervous System continued ..

- | | Yes | No |
|---|--------------------------|--------------------------|
| c. Is there a history of stroke or TIA within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a history of sudden disabling dizziness/vertigo within the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is there a history of chronic and/or progressive neurological disorder?
If yes , please give details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is there a history of brain surgery?
If yes , please give details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is there a history of serious head injury?
If yes , please give details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is there a history of brain tumour, either benign or malignant, primary or secondary?
If yes , please give details in Section 7 | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 **Diabetes mellitus**

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Does the applicant have diabetes mellitus?
If yes , please answer the following questions.
If no , proceed to Section 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the diabetes managed by: | | |
| i. Insulin? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , date started on insulin | <input type="text"/> | |
| ii. Oral hypoglycaemic agents and diet? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Diet only? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the diabetic control generally satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there evidence of: | | |
| i. Loss of visual field? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Has there been bilateral laser treatment?
If yes , please give date | <input type="text"/> | |
| iii. Severe peripheral neuropathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Significant impairment of limb function or joint position sense? | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Significant episodes of hypoglycaemia? | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Complete loss of warning symptoms of hypoglycaemia? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4 **Psychiatric illness**

Yes No

- a. Has the applicant suffered from or required treatment for a psychosis in the past 3 years?
If **yes**, please give details in **Section 7**
- b. Has the applicant required treatment for any other psychiatric disorder within the past 6 months?
If **yes**, please give details in **Section 7**
- c. Is there confirmed evidence of dementia?
- d. i. Is there a history of alcohol misuse or alcohol dependency in the past 3 years?
- ii. Is there a history of illicit drug or substance use or dependency in the past 3 years?
If **yes** to i or ii, please give details in **Section 7**

Section 5 **General**

Yes No

- a. Has the applicant **currently** a significant disability of the spine or limbs that is likely to impair control of the vehicle?
If **yes**, please give details in **Section 7**
- b. Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?
i. If **yes**, please give dates and diagnosis and state whether there is current evidence of dissemination

- c. Is the applicant profoundly deaf?
- d. Could this be overcome by any means to allow a telephone to be used in an emergency?

Section 6 **Cardiac**

Yes No

- A. Coronary artery disease**
- Is there a history of:
- i. Myocardial infarction?
If **yes**, please give date(s)

- ii. Coronary artery by-pass graft?
If **yes**, please give date(s)

Cardiac continued ..

Yes No

- | | | |
|--|--------------------------|--------------------------|
| <p>iii. Coronary angioplasty?</p> <p>If yes, please give date(s)</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 150px; height: 20px;" type="text"/> | | |
| <p>iv. Any other coronary artery procedure?</p> <p>If yes, please give details in Section 7</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>v. Has the applicant suffered from angina?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>vi. Is the applicant still suffering from angina or only remains angina free by the use of medication?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>vii. Has the applicant suffered from heart failure?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>viii. Is the applicant still suffering from heart failure or only remains controlled by medication?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>ix. Has a resting ECG been undertaken?</p> <p>If yes, please give date</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 150px; height: 20px;" type="text"/> | | |
| <p>x. Does it show pathological Q waves?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>xi. Does it show Left Bundle branch block?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>xii. Has an exercise ECG been undertaken (or planned)?</p> <p>If yes, please give date</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 150px; height: 20px;" type="text"/> | | |
| <p>xiii. Has an angiogram been undertaken?</p> <p>If yes, please give date and give details in Section 7</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 150px; height: 20px;" type="text"/> | | |

B. Cardiac arrhythmia

- | | | |
|--|--------------------------|--------------------------|
| <p>i. Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years?</p> <p>If yes, please give details in Section 7</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>ii. Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>iii. Has echocardiography been undertaken?</p> <p>If yes, please give details in Section 7</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>iv. Has an exercise test been undertaken?</p> <p>If yes, please give details in Section 7</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>v. Has a pacemaker been implanted?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>vi. If yes, was it implanted to prevent bradycardia?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>vii. Is the applicant now free of sudden and/or disabling symptoms?</p> | <input type="checkbox"/> | <input type="checkbox"/> |

Cardiac continued ..

Yes No

- viii. Does the applicant attend a pacemaker clinic regularly?
- vii. Has a cardiac defibrillator been implanted or antivenricular tachycardia device been fitted?

C. Other vascular disorders

- i. Is there a history of aortic aneurysm with a transverse diameter of 5cm or more?
- ii. If **yes**, has the aneurism been successfully repaired?
- iii. Is there symptomatic peripheral arterial disease?

D. Blood pressure

- i. Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic?
- If **yes**, please supply most recent readings with dates

- ii. If treated, does the medication cause any side effects likely to affect safe driving?

E. Valvular heart disease

- i. Is there a history of valvular heart disease (with or without surgery)?
- ii. Is there any history of embolism?
- iii. Is there any history of arrhythmia - intermittent or persistent?
- iv. Is there any persistent dilatation or hypertrophy of either ventricle? If **yes**, please give details in **Section 7**

F. Cardiomyopathy

- i. Is there established cardiomyopathy?
- ii. Has there been a heart or heart/lung transplant? If **yes**, please give details in **Section 7**

G. Congenital heart disorders

- i. Is there a congenital heart disorder?
- ii. If **yes**, is it **currently** regarded as minor?
- iii. Is the patient in the care of a specialist clinic? If **yes**, please give details in **Section 7**

Section 7

You may wish to forward copies of hospital notes separately if you need to provide extra information.

Medical Practitioner Details

to be completed by the Medical Practitioner carrying out the examination

Section 8

Doctor's Name

Address

Telephone No:

Surgery Stamp

I can confirm that(state driver's name)
seen on (date) is a registered patient of this practice and that I have
completed this form having had sight of their medical records.

I can confirm that the applicant:

- Is fit for Group II driving
- Is not fit for Group II driving
- Must wear glasses for driving
- Meets the group II medical standard but requires more frequent medical assessment. The next medical should be carried out no later than.....
(please state time period)
- Requires referral to Occupational Health for further medical tests or assessment.

Signature of Medical Practitioner

Date

Applicant's Details

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

Section 9

Your name
Your address

Date of birth

Home telephone no.

Work/daytime no.

About your consultant/specialist (if applicable)

Consultant's name
Address
Telephone Number

About your consultant/specialist (if applicable)

Consultant's name
Address
Telephone Number

Declaration and authorisation to be completed by applicant/licence holder

(If you have knowingly given false information in this examination you are liable to prosecution)

Consent and declaration

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

Please sign statement below:

I **authorise** my doctor(s) and specialist(s) to release reports to Three Rivers District Council's medical advisor about my medical condition.

I **declare** that I have checked the details I have given and, to the best of my knowledge, they are correct.

Signature

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Date

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